N09000003673

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Anna

DIVISION OF COMP STATE 2

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: HG RU	E, Inc.	
DOCUMENT NUMBER: N0900003	6 73	
The enclosed Articles of Amendment and fee a	re submitted for filing.	
Please return all correspondence concerning thi	s matter to the following:	
Wun Go	of Contact Person)	
	ME, TM. m/Company)	
7900 FAIRVIEW DRIVE BLOG	4 24 UNV 109 (Address)	<u>. </u>
TAMARAC, FL.	3332 tate and Zip Code)	
For further information concerning this matter,	please call:	
(Name of Contact Person)	at (954) \$21 - 1	Felephone Number)
Enclosed is a check for the following amount m	nade payable to the Florida Depa	artment of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

09 APR 17

of	* nr nr 17	PH 12:
KG RISE, Tac.		-
(Name of Corporation as currently filed with the Florida Dept. of Sta	<u>te</u>)	
N10900003673		
(Document Number of Corporation (if known)		

N 0900003673)	
(Document Number of Co.	rporation (if known)	
ursuant to the provisions of section 617.1006, Florida St e following amendment(s) to its Articles of Incorporation		Profit Corporation adop
If amending name, enter the new name of the corpo	oration:	
e new name must be distinguishable and contain the breviation "Corp." or "Inc." "Company" or "Co." m	word "corporation" or "in ay not be used in the name.	acorporated" or the
Enter new principal office address, if applicable:	N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
incipal office address <u>MUST BE A STREET ADDRE</u>	<u>(SSS</u>)	
	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		 -
·		
If amending the registered agent and/or registered	office address in Florida, e	nter the name of the
new registered agent and/or the new registered offi		inter the hamile of the
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	(Florida street address)	
		. Florida
	(City)	, Florida (Zip Code)
w Registered Agent's Signature, if changing Registe ereby accept the appointment as registered agent. ition.	red Agent: I am familiar with and acc	ept the obligations of t
Cianatana	Nau Posistanad Assut if al	

Signature of New Registered Agent, if changing

' If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Title Title	Name	<u>Address</u>	Type of Action
PRESIDENT	Yvan J. Yarciu	1900 Falveren Drive Bldy 24 Unit 109 10morae, FL. 33321	Add Remove
lhief Executive Officer	Yvan J. Garcia	1800 FAIRVIEW DRIVE BIDY 21 1MIX 109 1ANGUAC, FL. 33321	Add Remove
HARMAN OF THE BOARD	Yvan J. Gurcia	MOD FOITHIRM Drive Bldg 24 Unit 109 Maynavar FL. 33321	Add Remove
E. <u>If amending</u> (attach additi	or adding additional Articles, enter clonal sheets, if necessary). (Be specific		
			1
		·	

• The date of each amendment	(s) adoption: 04/15/19
Effective date <u>if applicable</u> :	NA COLLAND
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or a adopted by the board of dis	nembers entitled to vote on the amendment(s). The amendment(s) was/were ectors.
Dated	04/15/09
hav	the chairman or vice chairman of the board, president or other officer-if directors not been selected, by in incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	Registered Agent Intographor / Pro