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SECRETARY OF SINTE

J. SAULSBERRY EXAMINER JUN 5 2012

COVER LETTER

SUBJECT:	Н.	M.C.LLC			
	Name of Limi	ted Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		T R Laxman			
		Name of Person			
		T R The Taxman Inc			
		Firm/Company			
	9858 C	lint More Rd., Ste C11	11-131		
		Address			
		oca Raton, FL 33496			
		City/State and Zip Code		2012 Sec	
	E-mail address: (tr@trthetaxman.net to be used for future annual repo	ort notification)	2012 JUN - SECRETAR ALLAHASS	RESULTED A
For further information	concerning this matter, please of	eall:			
-	T R Laxman	at (561)	404 3057	AM 10: 06	
Name	of Person	Area Code &	Daytime Telephone Number	: 06	
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fec & Certified Copy (additional copy is en	nclosed) Certified	te of Status &	ed)

Registration Section Division of Corporations

TO:

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	H.M.C LLC		
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appea: Limited Liability Company)	rs on our records.	
The Articles of Organization for this Limited Liability C Florida document number		03-20-2009	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company her	<u>re</u> :	
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Compa	any," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		ALE SE
	·		≧流 늘 兀
			NRY NRY
Enter new mailing address, if applicable:			me a m
(Mailing address MAY BE A POST OFFICE BOX)			51 50 C
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			<u> </u>
New Registered Office Address:			
	En	ter Florida street ac	ldress
	Cir	, Florida _	7: 6:1
	City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	LIAT GAFRI	11521 Island Lake Ln Boca Raton, FL 33498	✓ Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, ente	er change(s) here: (Attach additional sheets, if necessa	FILE AM
	May 07	2012	5 5 06 5 06
Dated	May 07	, 2012	
	Signature of	a member or authorized representative of a member	·
		Raanan Gafri Typed or printed name of signee	,

Page 2 of 2

Filing Fee: \$25.00