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COVER LETTER

	on Section Corporations			
SUBJECT:	HA	MT NT LLC		
	Name of Lit	nited Liability Company		
The enclosed Articl	es of Amendment and fee(s) are s	ubmitted for filing.		
Please return all con	respondence concerning this matt	er to the following:		
		Abu T Mridha		
		Name of Person	· · · · · · · · · · · · · · · · · · ·	
		HAMT NT LLC Firm/Company		
		Address		
Ft. Walton Beach, FL 32547 City/State and Zip Code				
		champitto13@aol.com		
T			on)	
For further information	ion concerning this matter, please	e call:		
N.	Abu T Mridha	at (775) 84 Area Code & Daytime Te	8-1271	
IN.	ane of reison	Area Code & Daytine Te	rephone Number	
Enclosed is a check	for the following amount:			
\$25.00 Filing Fe	e \$\sqrt{\$30.00}\$ Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
R	AILING ADDRESS: egistration Section ivision of Corporations	STREET/COURIER Registration Section Division of Corporation		

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	HAMT NT LLC		
(<u>Name of the L</u>	imited Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.)	
	(111 lettau Ellistau Ellethily Company	,	
The Articles of Organization for this Lim	nited Liability Company were filed on	July 20, 2012	and assigned
Florida document number L120	00094227		
This amendment is submitted to amend t	he following:		
A. If amending name, enter the new n	ame of the limited liability company h	<u>ere</u> :	
The new name must be distinguishable and "L.L.C."	end with the words "Limited Liability Com	pany," the designation "Ll	C" or the abbreviation
Enter new principal offices address, if	applicable:		
(Principal office address MUST BE A S	STREET ADDRESS)		
	·		
Enter new mailing address, if applicab	ole:		
(Mailing address MAY BE A POST OF			
		· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agen	t and/or registered office address on	our records, enter th	e name of the new
registered agent and/or the new registered	ered office address here:	ÄLI	£ 7
		A	<u> </u>
Name of New Registered Agen	<u></u>		> N
New Registered Office Address	g.	ري س س	\$ - -
New Registered Office Address		Enter Florida street addi	ss =
			· · · · · · · · · · · · · · · · · · ·
	City	, Florida 👼	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 Type of Action **Title** Name Address Abdus Salam MGRM 1252 C College Pkwy ✓ Add Gulf Breeze, FL 32563 Remove ☐ Add Remove \square $\mathsf{Add}_{?}$ Remove ∏ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Abu T Mridha

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00