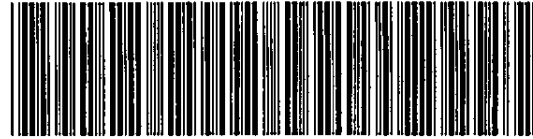


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C. M. [unclear]

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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J. LEGGETT
MAR 16 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Ammend name of Corporation
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jaime Giammattei
Name of Person
Hworks, LLC
Firm/Company
141 Sevilla Avenue
Address
Coral Gables, FL 33134
City/State and Zip Code
jmg@hworksllc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jaime Giammattei at (305) 735 8259
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$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)

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Pedro Herran	141 Sevilla Avenue	<input type="checkbox"/> Add
		Coral Gables, FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	German E. Giammattei	141 Sevilla Avenue	<input checked="" type="checkbox"/> Add
		Coral Gables, FL 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Valentin Lopez	141 Sevilla Avenue	<input type="checkbox"/> Add
		Coral Gables, FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Large area with horizontal lines, crossed out with a large 'X', indicating no amendments were made.

18 MAR 15 PM 12:18
DEPARTMENT OF STATE

E. Effective date, if other than the date of filing: March 1st, 2018. (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated March 1st, 2018

Signature of a member or authorized representative of a member

Jaime Grammatosi

Typed or printed name of signer