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SECRETARY OF STATE
SECRETARY OF

D. BRUCE MAR 01 2017

COVER LETTER

TO: Registration Section of Corp.	
SUBJECT: HSRC	MANAGEMENT , LLC
	Name of Limited Liability Company
The enclosed Articles of A	mendment and fee(s) are submitted for filing.
Please return all correspond	dence concerning this matter to the following:
	WAEL ISMAEIL
	Name of Person
	HSRC MANAGEMENT
	Firm/Company
	20 ISLAND AVE #201
	MIAMI BEACH, FL 33139
·	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information cor	cerning this matter please call:
1.111 TCM	96T1 272 859-859-57107 5
WAEL ISM,	at (732) 253 - 85 1 - 5, 77 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	21
Enclosed is a check for the	following amount:
□ \$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy Certificate of Status & Certified Copy Certificate of Status & Certificate of Stat

MAILING ADDRESS:

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

Certified Copy (additional copy is enclosed)

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HSRC MANAGER	MENT LLC Company as it now appears on our records.)
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Con	mpany were filed on 9/9/16 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ZECHER TALLAHA
	ered office address on our records, enter the name of the new
registered agent and/or the new registered office addre	ess here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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 605, 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 Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
M6R	Mighow Ismaci (20 Bland ave #201 Mami Beach, FL 33139	_ ⊠ Add
		Mami Boach, FL 33139	□ Remove
			Change
			□ Add
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		TAL ECRES	_Exemove
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an effective date is lis ote: If the date ins	ther than the date ted, the date must be sp erted in this block do date on the Departn	ecific and ca ses not med	annot be prior et the applica	to date of filing able statutory	or more than 90 c filing requireme	_ (optional) lays after filing.) Purents, this date will	rsuant to 605.0 not be listed)2 d a
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ated <i>FEB</i>	23	·	2017					
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Page 3 of 3

Filing Fee: \$25.00