L03000033229

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12 JUN 20 AM 10: 46

COVER LETTER

TO:

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Co	orporations	•		
SUBJECT:	SI	HW, LLC		
		ted Liability Company		
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		
		Cheryl Burden		
		Name of Person		
SHW, LLC				
Firm/Company				
	33 SE 4th Street, Suite 100			
	· · · · · · · · · · · · · · · · · · ·	Address		
	Boo	ca Raton, Florida 33432		
		City/State and Zip Code		
	cburde	n@halvorsenholdings.com to be used for future annual report notificat	ios	
D C 1 ' C	·	·	ion,	
r or further information	concerning this matter, please of	aii:		
		at (561) 36	67-9200	
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)	
	LING ADDRESS: stration Section	STREET/COURIER Registration Section	ADDRESS:	
Division of Corporations		Division of Corporations		

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 12 JUN 20 AM 10: 45

		CONT.	10: 45	
	SHW. LLC	rational An	I OF STATE	
(Name of the Limited Liab	lity Company as it now appo	ears on our records.) HASS	EE. FI OPINA	
(A Flori	SHW, LLC lity Company as it now apped a Limited Liability Company	·)	Admid	
The Articles of Organization for this Limited Liability	y Company were filed on _	September 3, 2003	_ and assigned	
Florida document numberL03000033229				
i ionda document number	 •			
This amendment is submitted to amend the following	•			
This amendment is submitted to amend the following				
A. If amending name, enter the new name of the l	imited liability company h	ere:		
,				
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Com	ipany," the designation "LLC	" or the abbreviation	
L.L.C.				
Enter new principal offices address, if applicable:	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
(Principal office address MUST BE A STREET AD	DRESS)			
			•	
		110000 1011		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or re-	gistered office address on	our records, enter the	name of the new	
registered agent and/or the new registered office a	ddress here:			
Name of Nam Desistand Agents				
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 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 **Address** Title Name MGRM HH Manager, Inc. 33 SE 4th Street ✓ Remove Suite 100 Boca Raton, Florida 33432 Teffrey Jerffrey T. Halvorsen MGRM 33 SE 4th Street ✓ Add ☐ Remove Suite 100 Boca Raton, Florida 33432 ☐ Add ∏ Remove ∏Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2012 June 19 Dated Signature of a member or authorized representative of a member Jeffrey T. Halvorsen Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00