L0400001627

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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SECRETARY OF STATE

S Warren MAR 15 2017

COVER LETTER

TO: Registration Section Division of Corporations								
SUBJECT: HIM Enterprises UC 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:								
Tony McGee Name of Person								
HAM Enterprises								
PO BOX 621783 Address								
Orlando, FL 32862 City/State and Zip Code								
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Tony McGee at (401) 509 Name of Person at (401) Daytime Telephone Number								
Enclosed is a check for the following amount:								
□ \$25.00 Filing Fee Certificate of Status Certificate of Status & Certificate of Status & Certificate of Status & Certificate 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 17 to and assigned	
Florida document number LOHOCOCO 1627.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:	_
(Principal office address MUST BE A STREET ADDRESS)	_
Enter new mailing address, if applicable:	-
(Mailing address MAY BE A POST OFFICE BOX)	-
	-
B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:	new
registered agent and/or the new registered office address here.	
Name of New Registered Agent:	_
New Registered Office Address:	
Enter Florida street address	_
	_
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 provisions of all statutes relative to the proper and complete performance of my duties, and Lam 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	

If Changing Registered Agent, Signature of New Registered Agent

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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 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 = Au	ithorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Deborah Dorsett	9901 Satellite Blud	Add
		Orlando FL 32837	Remove
			Change
MGR	Cleveland Watson	9901 Satellite Blvd	Add
		Orlando FL 32837	□ Remove
			Change
			Add
			□ Remove
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			□ Remove
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		97A '	Remove

11 amei	nung any other information, ent	er change(s) here: (Attach additional.	sneets, y necessary.)	
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an effe Note:	ve date, if other than the date of setive date is listed, the date must be specifif the date inserted in this block does ent's effective date on the Departmen	ic and cannot be prior to date of filing or more th not meet the applicable statutory filing req	(optional) an 90 days after filing.) Pursuant to 60: uirements, this date will not be list	5.020° ted as
	ord specifies a delayed effecti 90th day after the record is fi	ve date, but not an effective time, led.	, at 12:01 a.m. on the earli	er o
ated _	3/8/	J. 2017		
	Signature	of a member of authorized representative of a r	nember 27 27 1	
	— I no	u mi Pl	AR T	
		Typed or printed name of signee	Te D M	9
			H H	
		Page 3 of 3	35 5·	,

Filing Fee: \$25.00