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(Re	questor's Name)	
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D. BRUCE
JUN 15 2011

EXAMINER

COVER LETTER

TO:	Registration S Division of Co					
SUBJI	ECT∙	HMH IN\	'ESTMENT, LLC			
3000	,		ited Liability Company			
The en	closed Articles of	f Amendment and fee(s) are su	bmitted for filing.			
Please	return all corresp	ondence concerning this matte	r to the following:			
			HEIN KARMAN	.		
			Name of Person			
		HN	MH INVESTMENT, LLC			
			Firm/Company			
ę		94	104 THURLOE PLACE			
			Address		AU .	
		ORL	ANDO, FLORIDA 32827		ARY ASSE	ī
			City/State and Zip Code		二二二三三三二二二三三三三三三三三三三三三三三三三三三三三三三三三三三三三三	
			nkarman@cfl.rr.com to be used for future annual report notificat	ion	FLER SIN	Ę
For fur	ther information	concerning this matter, please	·			
		IN KARMAN	at \	24-4402	_	
	Name o	of Person	Area Code & Daytime T	elephone Number		
Enclose	ed is a check for t	he 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 Fe Certificate of S Certified Copy (additional cop	tatus &	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations ox 6327	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons r Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HMH INVESTME	ENT, LLC			
(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears on our records.) ity Company)			
The Articles of Organization for this Limited Liability Company were	e filed on04/03/2006	and assigned		
Florida document numberL06000034512				
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 end with the words "Limited L"L.L.C."	.iability Company," the designation	"LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>		
Enter new mailing address, if applicable:		A A A A A A A A A A A A A A A A A A A		
(Mailing address MAY BE A POST OFFICE BOX)		34 3 111		
-		De la Carte		
B. If amending the registered agent and/or registered office	address on our records, ente	r the name of the new		
registered agent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
Cia	ty	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	HENDRIKA J. KARMAN	9404 THURLOE PLACE ORLANDO, FL 32827	✓ Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter ch	ange(s) here: (Attach additional sheets, if necessar	TH JUN 14
			LED ME 22
Dated	JUNE 5	2011	
		hber or authorized representative of a member HEIN KARMAN ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00