FILED Jun 01, 2007 8:00 am Secretary of State 06-01-2007 90094 015 ***150.00

2007 LIMITED LIABILITY COMPANY

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DOCUMENT #L06000086300											
1. Entity Nar											
H & L INVESTMENTS, LLC											
Principal Pla											
1	E DE LEON E		Mailing Address 4627 PONCE DE LEON BLVD.			ĺ	cuus	11265			
CORAL GABI			CORAL GABLES, FL 33146			60051365					
) 				
		ness - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04232007	Chg-LLC	CR2E	083 (12/06)	
City & State			City & State				4. FEI Numi 20-5	508271		N	pplied For ot Applicable
Žip		Country	Zip	Coun	try		5. Certificate of Status Desired \$5.00 Additional Fee Required				
	6. Name	and Address of Current	Registered Agent	stered Agent Name			7. Name and Address of New Registered Agent				
CORPOR	ATE CREA	ATIONS NETWORK,	INC.		, reme						_
11380 PR	OSPERIT	Y FARMS ROAD #22 DENS, FL 33410	Street Addres			idress (F	(P.O. Box Number is Not Acceptable)				
					City				FL	Zip Cod	ie
The shares	named cort	v outemite this assumes to	v the purpose of above size in-	raciota	L` <u>.</u>	rogio	od sport +- t	oth in the State of F		<u> </u>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature reduced when reinstating) DATE											
F	iling Fee i ue by May	is \$50.00 y 1, 2007						ke check p la Departm	ayable to ent of Stat	e	
9.		MANAGING MEMBE	RS/MANAGERS	10.				ADDITIONS	/CHANGES	_ , . <u></u>	
TITLE	MGRM		☐ Delete	TITLE						X Change	☐ Addition
NAME	GIDOOMA	AL, HASHU H		NAM	<u>:</u>	GID	OOMAL	, HASHU	J.		
STREET ADDRESS CITY-ST-ZIP		ICE DE LEON BLVD. ABLES, FL 33146			ET ADDRESS ST-ZIP						
TITLE	MGRM		☐ Delete	TITLE						Change	Addition
NAME	GIDOOMA			NAME							
STRÉET ADDRESS CITY-ST-ZIP		ICE DE LEON BLVD. ABLES, FL 33146			et address st-zip	~					
		ABELO, I E 35 146	☐ Delete	TITLE						☐ Change	Addition
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CITY-ST-ZIP				CITY-	ST-ZIP						
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the											
limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.											
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SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR FRANCE NAME OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Die Daylime Phone *											
SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Die Daylime Phone 4											