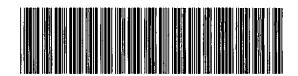
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ing.				
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COVER LETTER

Division of Co				
SUBJECT: HMT S	ervices Group, LLC			
· · · · · · · · · · · · · · · · · · ·	(Name of Lim	ited Liability Company)		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		
Robert Smithson (Name of Person)				
	10.70	- 110		
HMT Services Group, LLC (Firm/Company)				
	007 Mondo de De			
837 Murdock Bv. (Address)				
	Orlanda Flatida 22	925		
	Orlando, Florida, 32	(City/State and Zip Code)	, 11	
		11		
For further information	concerning this matter, please of	cail:		
		at (407) 557-7810		
(Name of Person) (Area Code & Daytime Telephone Number)		(elephone Number)		
		,		
Enclosed is a check for		pitrong .		
\$25.00 Filing Fee	S30.00 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)	
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**

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HMT Services Group, LLC ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company) (Name of the Limited The Articles of Organization for this Limited Liability Company were filed on January 11, 2008 Florida document number <u>L0800004044</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." B. If amending the registered agent and/or registered office address on our records, enter 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 _ (City) 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 Changing Registered Agent, Signature of New Registered Agent)

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 837 MURDOCK BV. ☐ Add MGR_ ROBERT SMITHSON Remove ORLANDO, FLORIDA 32825 **WILLIAM AKERS** MGRM □Add 2824 AHERN DRIVE ORLANDO, FLORIDA 32817 Remove MGRM_ Add **MGRM** LARRY E. HAMBEY JR. **15829 TRIGONIA STREET** ORLANDO FL 32828 Remove Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) AMENDING ARTICLES TO ADD LARRY E. HAMBEY JR, AS A MANAGER MEMBER, IN ADDITION TO MEMBERS ALREADY LISTED. Dated MARCH 25 2008 Signature of a member or authorized representative of a member ROBERT SMITHSON Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00