Mar. 9. 515 3:1 Division of Corpe	Florida Department of State Division of Corporations Electronic Filing Cover Sheet	
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Lo in an	To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : GRAYROBINSON, P.A ORLANDO Account Number : I20010000076 Phone : (407)843-8880 Fax Number : (407)244-5690 the email address for this business entity to be used for fut hual report mailings. Enter only one email address please.**	
	11 Address: Steven. Solomon @Gray-robinson. Co.	m
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Electronic Filing Menu Corporate Filing Menu

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Mai. 9. 2019 3:90FWI		H1500No. 2345186P. 2/4 FILED
	AMENDMENT	2015 MAR -9 AM 8: 22
-	ORGANIZATION	-
(DF	N - SECLA FACORARIS TATE TALLASADSFE, FLORIDA
HEYS USA Direct, LLC		
(Name of the Limited Linbibity Come (A Florida Limited	any as it now appears on on Liability Company)	<u>ar records.)</u>
The Articles of Organization for this Limited Liability Company Florida document number <u>L08000048008</u>	y were filed on 05/07/2	and assigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the limited lia	<u>pility company here</u> :	
HUDirect, LLC The new name must be distinguishable and end with the words "Limited Lin	bility Company," the designa	aion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	• • • -	nden Blvd #402
(Principal office address MUST BE A STREET ADDRESS)		yne, FL 33149
Enter new mailing address, if applicable:	785 Cra	under Blud #402
(Mailing address MAY BE A POST OFFICE BOX)	Key Bis	cayne, FL. 33149
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		records, enter the name of the new
Name of New Registered Agent: Har	oon Sheik	h

Name of New Registered Agent:	Haroon Sheikh
New Registered Office Address:	785 crandon Blid #402
	Enter Florida street address
	1(ey Biscaule Morida 33149
	Ciry Zip Code

New Rogistered Agent's Signature, if changing Registered Agent:

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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 605, F.S. Op if this document is being filed to merely reflect a change in the registered office address, thereby confirm they the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Biggotury of New Registered Agent

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H150No. 2345182P. 3/4

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Change. 04 40% aa #55 Managers 785 B andon #402 33149 ρ iscayne (optional) E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated_ Signature of a monber or authoriz ed representative of a member Typed or printed name of signer



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