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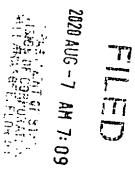
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COVER LETTER

	Registration Se Division of Cor			
CHD IPC	HSTB, LL	C		
SUBJEC	.1; <u> </u>		nited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspe	ondence concerning this matter	to the following:	
		Dena Auletto		
			Name of Person	
		Saavedra-Goodwin		
			Firm/Company	
		312 S.E. 17th Street, 2nd 1	Floor	
			Address	 -
		Fort Lauderdale, FL 33310	ó	
		dauletto@saavlaw.com	City/State and Zip Code	
			to be used for future annual report not	ification)
For furthe	er information c	oncerning this matter, please co	all:	
Dena Au	letto	954 767-6333 at ()		
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	10 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HSTB, LLC		2020 AUG
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 05/28/2008	namd assigned
Florida document number L08000052908	<u></u> .	
This amendment is submitted to amend the following:		09
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	RESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter (</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flo	rida 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 605, 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 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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
COO/S	Warren D. Kroeppel	4860 N.E. 12th Avenue	
		Fort Lauderdale, FL 33334	■Remove
			Change
			□Remove
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ctive date, if other than th	e date of filing	:		(optional)	
effective date is listed, the date mue: 6: If the date inserted in this b	ust be specific and o	cannot be prior to date	of filing or more that	n 90 days after filing.) I	ursuant to 605.020
ament's effective date on the I	Department of St	ate's records.	g ,g	memons, ims date w	m not of fisted a
cord specifies a delayed effecti filed.	ve date, but not a	an effective time, a	t 12:01 a.m. on the	earlier of: (b) The	90th day after the
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ed august	<u> </u>	2030	_		
	()n 0	100-			
Terel	Signature of a m	ecconomic disconnection in the contract of the	representative of a m	ember	
		_		_	

Filing Fee: \$25.00