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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:					
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Office Use Only



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TALL AHASSEE FLORIC

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Registration Section

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations					
HENACLODAL ACCOCIATES I.I.C.					
UBJECT: HFM GLOBAL ACCOCIATES LLC (Name of Limited Liability Company)					
(Name of Billines Blacking Company)					
the enclosed Articles of Amendment and fee(s) are submitted for filing.					
lease return all correspondence concerning this matter to the following:					
0					
ADAM BERKOWITZ					
(Name of Person)					
1-2 (1 22) 1					
HAM GLOBAL ASSOCIATES, LLC					
(Firm/Company)					
138 W. 25 St 9 Floor					
(Address)					
NY NY 10001 c/o 105 (City/State and Zip Code)					
(City/State and Zip Code)					
or further information concerning this matter, please call:					
- '					
Acan Benkowitz at (646) 325-5395 (Area Code & Daytime Telephone Number)					
(Name of Person) (Area Code & Daytime Telephone Number)					
inclosed is a check for the following amount:					
\$25.00 Filing Fee \$\square\$\$\$5.00 Filing Fee & \$\square\$\$\$\$\$\$55.00 Filing Fee & \$\square\$					
Certificate of Status Certified Copy Certificate of Status &					
(additional copy is enclosed) Certified Copy (additional copy is enclosed)					
MAILING ADDRESS: STREET/COURIER ADDRESS:					
Registration Section Registration Section					

Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

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	<u> · · · </u>	
,	25 th St, 9 th Fl. 1000 105 records, enter the name of the new	
(F	Florida street address)	
(City)	, Florida(Zip Code)	
	ny as it now appears or Liability Company) were filed on	

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)

MGR = M MGRM =	lanager Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
 			Add
			
			Add Remove
			Add Remove
		'	
			Remove
			Add
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D. If ame	nding any other information, enter chan	nge(s) here: (Attach additional sheets, if necesso	rry.)
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Dated	November 18, 2008		9m -
	Signature of a memb	per or authorized representative of a member	
	ADAn	A BERKOUITZ, CEO	

"If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00