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Special Instructions to Fil	ing Officer:	.]
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04/06/12--01017--023 **25.00

OF CONFORMAL TO A PARTY OF SAME AND A PARTY OF

APR - '9 2012' **: HAMPTON**

TO: Registration Section **Division of Corporations** SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: NW 36st, Ste:118 For further information concerning this matter, please call: Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$60.00 Filing Fee, \$25.00 Filing Fee 7\$55.00 Filing Fee & \$30.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration SectionDivision of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF A	AMENDMENT	
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HFC Alliance C	iroup UC in the	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited L	iability Company)	
	= 1	
The Articles of Organization for this Limited Liability Company	were filed on and	
Florida document number 27-2976901.	6)	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here	
A. If amending hame, enter the new hame of the infinted habi	my company nere.	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation	n
Enter new principal offices address, if applicable:	8340 SW 13ter	
(Principal office address MUST BE A STREET ADDRESS)	miAmi, FC 33144	
[Frincipal office diaress MUST BE A STREET ADDRESS]	WILL C 33141	
Enter new mailing address, if applicable:	8340 SW 13ter	
	να. Διας: ±1 331411	
(Mailing address MAY BE A POST OFFICE BOX)	WITHVIT, PC 33179	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		<u>~</u>
,	•	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Emer Florida street address	
	City Zip Code	
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
I haraby account the appointment of registered agent and ages	on to get in this canacity. I further across to comply with	
I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and compl		
accept the obligations of my position as registered agent as p	ovided for in Chapter 608, F.S. Or, if this document is	
being filed to merely reflect a change in the registered office of	address, I hereby confirm that the limited liability	
company has been notified in writing of this change.	L/	

Page 1 of 2

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 Address Type of Action Titlè Name Kevin 8249 NW 36St Stell8 Doval, FL 33166 Remove Remove Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00