<u>L11000019167</u>

(Re	equestor's Name)	
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COVER LETTER

TO: Registration Security Division of Corp.			
HGY LAN	D CO., LLC		
SUBJECT:	Name of Lin	nited Liability Company	
	Amendment and fee(s) are sub		
Please return all correspo	ndence concerning this matter	to the following:	
	CHERYL L. VELAR		
		Name of Person	
		Firm/Company	
	13950 NW 107th AVEN	JE	
		Address	
	HIALEAH GARDENS, I	FL 33018	
		City/State and Zip Code	
	cvelar@mcvelar.com	(to be used for future annual report notific	ontion)
For further information c	oncerning this matter, please	·	cation)
Cheryl L. Velar		305 828-3944 at ()	
Name o	f Person		Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 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)
3.F. TV	INC ADDRESS.	etdeet/coudie	en annuece.

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

HGY LAND CO., LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L11000019163</u> .	any were filed on February 14, 2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	l office address on our records, ente	r the name of the nev
registered agent and/or the new registered office address l	here:	5
Name of New Registered Agent:		DEC - I
New Registered Office Address:		
-	Enter Florida street address	
·	, Florida _	∑≥ 55
	City	Ziv 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 Type of Action **Address Title** Name Manuel C. Velar **MGRM** 13950 NW 107th Avenue, Hialeah ☐ Add ■ Remove ☐ Change Manuel C. Velar 13950 NW 107th Avenue, Hialeah MGR _■ Add ☐ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add _□ Remove _□ Change _□ Add _□ Remove ☐ Change ☐ Add ☐ Remove

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Effectiv	date, if other than the date of filing:((optiona)	5.7	
f an effec	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day, the date inserted in this block does not meet the applicable statutory filing requirement	s after filings) Pursi	uant to 60)5.0207 :ted as
documei	t's effective date on the Department of State's records.	is, this date will i	iot oc m	icu as
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ne reco	rd specifies a delayed effective date, but not an effective time, at 12: 0th day after the record is filed. November 19, 2015. Cheyle your below Signature of a member or authorized representative of a member	:01 a.m. on tl	ne earl	iei o

Page 3 of 3

Filing Fee: \$25.00