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EXAMINER

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11 OCT 25 PH 5-28
SECRETARY OF STATE

• COVER LETTER

	egistration Secti vision of Corpo			
SUBJECT:	:	HPC	MACHINE LLC	
		Name of Lim	ited Liability Company	
The enclose	d Articles of An	nendment and fee(s) are sui	bmitted for filing.	
Please retur	n all correspond	ence concerning this matter	r to the following:	
			DAVID STRONG	
			Name of Person	
QUALITY FINANCIAL SERVICES INC			С	
			Firm/Company	
	209 DUNLAWTON AVE SUITE 14			
			Address	
		РО	RT ORANGE FL 32127	
	City/State and Zip Code			
da E-mail address: (vid.qfsinc@gmail.com to be used for future annual report notifica	ation)	
For further i	nformation conc	erning this matter, please c	ail:	
.		STRONG	at \	61-7855
	Name of Pe	rson	Area Code & Daytime	l'elephone Number
Enclosed is a	a check for the f	ollowing amount:		
▼]\$2 5.00 F	iling 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)
	Registratio	GADDRESS: n Section	STREET/COURIE Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H P C MAC				
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appear Liability Company)	s on our records.)		
(
The Articles of Organization for this Limited Liability Company were filed on02-24			and ass	igned
Florida document numberL11000023634				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company hero	2:		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Compar	ny," the designation "	LLC" or the a	bbreviation
Enter new principal offices address, if applicable:	102 WHETZE	LSTREET		
(Principal office address MUST BE A STREET ADDRESS)	EDGEWATER	R FL 32132		
			·	
Enter new mailing address, if applicable:	102 WHETZE	L STREET		
(Mailing address MAY BE A POST OFFICE BOX)	EDGEWATER	R FL 32132	···	
B. If amending the registered agent and/or registered of		ur records, <u>enter</u>	the name o	f the new
registered agent and/or the new registered office address her	<u>e</u> :		E SE	
				77
Name of New Registered Agent:			125 125	Garain
New Registered Office Address:			#3~≺	ti
	Ente	er Florida street ada	MER I	h
		, Florida		
	City		STO Com	

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

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

Title	Name	Address	Type of Action		
MGRM	TERESA VOSHELL	665 HAMMETT LN NEW SMYRNA BEACH, FL 32168	Add Remove		
			Add Remove		
			Add Remove		
D. If amendin	g any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)			
					
 	<u> </u>		-		
			_		
Dated	OCTOBER 19th 2011				
_	Signature of a member of	adhorized representative of a member			
KEVIN HELTON Typed or printed name of signee					

Page 2 of 2

Filing Fee: \$25.00