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COVER LETTER

TO:	Registration Section Division of Corporat		•	· ·			
SUBJECT: HAR			QUARED LLC				
5000		Name of Limi	ted Liability Company				
The en	closed Articles of Amer	ndment and fee(s) are sub	omitted for filing.				
Please	return all correspondence	ce concerning this matter	to the following:				
			DAVID HART				
Name of Person							
HARTPRIME LLC							
Firm/Company							
dhart001@yahoo.com E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
DAVID HART			at (305) Area Code & Daytin	771-5171			
	Name of Pers	on	Area Code & Daytin	e Tetephone Number			
Enclos	sed is a check for the fol	lowing amount:					
⊠ \$25	5.00 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)			

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

FILED!

12 FEB 13 AM II: 13

HARTSQUA		PALLAHA	STATE.
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appea Liability Company)	rs on our records.	FEGRIDA!
The Articles of Organization for this Limited Liability Company	were filed on	03/18/2011	and assigned
Florida document numberL11000034373			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company he	<u>re</u> :	
HARTPRIN	ME LLC		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Compa	any," the designation "l	LLC" or the abbreviation
Enter new principal offices address, if applicable:	principal offices address, if applicable: 20815 NE 16TH AVE B35		
(Principal office address MUST BE A STREET ADDRESS)	MIAMI FL 33	179	
er new mailing address, if applicable: 20815 NE 16TH AVE B35			
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI FL 33179		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	Tice address on o	our records, <u>enter t</u>	he name of the nev
	- '		
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street add	ress
		, Florida	
	City		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 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 <u>Title</u> **Name** Address **Type of Action** MGMR DAVID HART 2739 NE 164TH ST Add Remove N MIAMI BEACH FL 33160 CHRIS HART MGMR <u>372 MORRISON RD., STE F</u> ☐ Add COLUMBUS OH 43213 Remove ☐ Add _ Remove ☐ Add Remove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **FEB 10** 2012 Signature of a member or authorized representative of a member DAVID HART, MGMR Typed or printed name of signee

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Filing Fee: \$25.00