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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FILINGS, INC.

Account Number : 072720000101

Phone Fax Number : (850)385-6735 : (954)641-4192

**Enter the email address for this business entity to be used for future

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HC REALTY LLC

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BLACKSTONE LEGAL SUPPLIE

H16000048228

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



| The Articles of Organization for this Climited I Florida document number L11000035192 | Liability Company | were filed on 03/29 | /2011 and assigned | |
|---|--|---------------------------------------|---|--|
| This amendment is submitted to amend the fol | lowing: | | | |
| A. If amending name, enter the new name: | of the limited liab | ility company here | • | |
| | words "I included & leth) | line Convenue " the deal | interior "111" be the observatation "110" | |
| the new name must be distinguishable and contain the words "Limited Liable Enter new principal offices address, if applicable: | | 3423 NE 166TH S | | |
| | | NORTH MIAMI BEACH | | |
| Principal office address MUST BE A STRE | ET AUDKESSI | FL, 33160 | | |
| | | · · · · · · · · · · · · · · · · · · · | | |
| Enter new mailing address, if applicable: | | 3423 NE 166TH ST. | | |
| Mailing address MAY BE A POST OFFICE | S BOX) | NORTH MIAMI BEACH | | |
| printing timess, MAT BEATOST OFFICE HOAT | | FL, 33160 | | |
| | | | A seather and date | |
| egistered agent and/or the new registered of New Registered Agent: | I/or registered office address her Open Hon 3423 NE 166T | <u>e</u> : | our records, enter the name of the | |
| egistered agent and/or the new registered (| Oren Hon | e: H \$T. | our records, enter the name of the | |
| egistered agent and/or the new registered of New Registered Agent: | Oren Hon | e: H ST. Enter Floride | 3 શાળ્યા કાલેલાન્ટ્રડ | |
| | Open Hon 3423 NE 166T | e: H ST. Enter Floride | | |

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

H16000048228

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

| <u>Title</u> | Name | Address | Type of Action |
|--------------|------------------|----------------------|--|
| MORM | HON CAPITAL, LLC | 3440 Hollywood Blvd. | |
| | | Sic. 415 | ■ Řemove |
| | | Hollywood, FL 33021 | □ Chango |
| MGR | OREN HON | 3423 NE 166TH ST. | |
| | | NORTH MIAML BEACH | 77 h |
| | | FL, 33160 | □ Change |
| MGR | SHIRA HON-LAHAV | 3423 Nr. 166TH ST. | |
| | | NORTH MIAMI BEACH | ☐ Remove |
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|). Han | nending any other information, enter change(s) he | ere: (Amich diamonal sheets, if necessary.) | |
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| (if an - Noti | rtive date, if other than the date of filing: If the date inserted in this block thes not meet the applicant's effective date on the Department of State's record | licable statutory filing requirements, this date will no | ant to 605.0207 (3XL) of he listed as the |
| fther b) Th | ecord specifies a delayed effective date, but r e 90th day after the record is filed. | not an effective time, at 12:01 a.m. on th | e earlier of: |
| Date | d_ As of October 15, 20,15_ | . 1 | |
| | Signature of a member of au | aborized representative of a member | |
| | OREN HON, Authorized representative | | |
| | Assett a restal sampling of appringues | | |

Page 3 of 3

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