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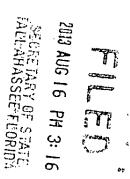
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COVER LETTER

TO:	Registration Section Division of Corporations

SUBJECT: HCR0311, LLC

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:

Steven R. Amster

Name of Person

KODSI LAW FIRM, P.A.

Firm/Company

1855 Griffin Road, Suite A-370

Address

Dania Beach, FL 33004

City/State and Zip Code
samster@kodsilawfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven R. Amster

954, 771-8277

Enclosed is a check for the following amount:

Name of Person

■ \$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)

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

HCRU311, LLC						
(<u>Name of the Limited</u> (A	Liability Compar Florida Limited L	ny as it now appears on our iability Company)	records.)			
The Articles of Organization for this Limited Lie Florida document number L11000072621	ability Company	were filed on 06/22/201	1	ar	nd assig	gned
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liab	ility company here:				
The new name must be distinguishable and end with "L.L.C."	h the words "Limit	ted Liability Company," the d	esignation	n "LLC" o	r the ab	breviation
Enter new principal offices address, if applica	ıble:	1855 GRIFFIN ROA	D, SUI	TE A-37	' 0	
(Principal office address MUST BE A STREE		DANIA BEACH, FL				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE II B. If amending the registered agent and/or registered agent and/or the new registered office.) Name of New Registered Agent:	or registered of		rds, ente	SECRETARY OF SHATE FALLAHASSEEFERRION	2013 JUG 16 PH me: 16	the*new
New Registered Office Address:	1855 Griffin	Road, Suite A-370				
New Registered Office Futuress.		Enter Florid	la street d	address	_	
	Dania Bead	ch	Florida	33004		
		City	- 101144	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 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 = N	Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
 			Add
			Remove
			-
			Add
			Remove
			- □
			_ L Add
			Remove
			Add
		다 등 공개 화면	Add Remove
		FAILL WHASSEE TARY OF STATEORID	5
			RIT
		RICE	Add
			Remove
			<u> </u>
			Add
			Remove
		•	

If antending any other informa	ation, enter change(s) here: (Attach additional sheets, if necessary.)
August 12	2013
Sig	gnature of a member or authorized representative of a member
Steven R. Ams	ster, Authorized Representative
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2019 AUG 16 PM 3: 10