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(Requestor's Name)		
(Address)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: THE HRC GARDUP Services 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:					
Christian Bautista Name of Person					
The HRC Group Services LLC					
47 Evalyn Place Address					
47 Evelyn Place Address Staten Island NY 10305 City/State and Zip Code					
Charlista OthehreGroup. Com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Christian Baulista at (954) 369-6506 Name of Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(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

The HRC Grow	Services LLC
(<u>Name of the Limited Liabi</u> (A Floric	Services LLC lity Company as it now appears on our records.) la Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L11000126981</u>	Company were filed on November 8,2011 and assigned
This amendment is submitted to amend the following	:
A. If amending name, <u>enter the new name of the l</u>	imited liability company here:
The new name must be distinguishable and end with the v 'L.L.C."	words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET AD	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	gistered office address on our records, enter the name of the new
registered agent and/or the new registered office a	ddress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florido
_	, FloridaZip Code
New Registered Agent's Signature, if changing Registe	ered Agent: AGE TO THE
he provisions of all statutes relative to the proper	nt and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am Jami war with and
being filed to merely reflect a change in the registered company has been notified in writing of this chang	l agent as provided for in Chapter 608, F.S. Or, in this document is ered office address, I hereby confirm that the limited liability ge.
	If Changing Registered Agent, Signature of New Resistered 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	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	CWB Trading Company LLC	250 G. Australian Ave - Ste 600 West Palm beach, FL 33401	Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
			-
	November 14714, 201		_
Dated	Signature of a member	or authorized representative of a member	
		ran Bartista or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00