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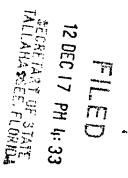
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COVER LETTER

TO:	Registration Section
	Division of Corporation:

HLCS, 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:

CESAR R. SORDO, ESQ.

Name of Person

SORDO & ASSOCIATES, PA

Firm/Company

3006 AVIATION AVENUE, STE. 2A

MIAMI, FL 33133

City/State and Zip Code

MHARDIE@SORDOLAW.COM

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

For further information concerning this matter, please call:

MARIA HARDIE

at (305) 859-8107

Area Code & Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

■ \$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 Tallahassce, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HLCS, LLC		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) Ed Liability Company)	
The Articles of Organization for this Limited Liability Comparing Horida document number <u>L11000137214</u>	any were filed on 12/6/2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and end with the words "L" "L.L.C."	imited Liability Company," the designation "L	L.C" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	* ****
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l		he name of the new
Name of New Registered Agent:	i i	7 P
New Registered Office Address:	-	
· · ·	Enter Florida street add	tess to
	, Florida _ \$	Zin 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 = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	HUGO LUXARDO	3006 AVIATION AVENUE, STE. 2A	Add
		COCONUT GROVE, FL 33133	Remove
MGRM	ACOSTA Y LARA, MARIA DEL PILAR	3006 AVIATION AVENUE, STE. 2A	Add
		COCONUT GROVE, FL 33133	Remove
MGRM	EDUARDO LUXARDO	54 N.W. 103 STREET	_ ✓ Add
		MIAMI SHORES, FL 33150	Remove
*			Add
		1979	Remove
.——.			Add
			Remove
			Add
			Remove

enter change(s) here: (Attach ac	dditional sheets, if necessary.)
	
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Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00