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(Address)				
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OCT 23 2012				
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## **COVER LETTER**

TO: Registration Division of C	Section · · · Corporations		
SUBJECT:	HMIPTX, LLC  Name of Limited Liability Company	<b></b>	
The enclosed Articles	of Amendment and fee(s) are submitted for filing.		
Please return all corre	spondence concerning this matter to the following:		
	Wilton Antoine Name of Person	<del></del>	
	HMJDIX, LLC Firm/Company	_	
	907 5W 15th Street #307 Address	2312 Q	كسنائيوه
	Pompano Boach II 33060 City/State and Zip Code	TASSEE.	
	E-mail address: (to be used for future annual report notification)		A marketing
For further information	on concerning this matter, please call:	_ 20 m	
Wilton Ar	at (954) 1008-0723  Area Code & Daytime Telephone Num	ber	
,	or the following amount:		
\$25.00 Filing Fee	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status	Filing Fee, icate of Status of fed Copy ional copy is er	

## 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

(Name of the Limited Liability Compa	My as it now appears on o	un records )		
(A Florida Limited L	Liability Company)	ur records.)		
The Articles of Organization for this Limited Liability Company	were filed on 2/5/	and assigned		
Florida document number <u>L12000014315</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," th	e designation "LLC" or the abbreviatio		
Enter new principal offices address, if applicable:	N	A . R		
(Principal office address MUST BE A STREET ADDRESS)		<b>8</b> 8 9		
		OF N		
Enter new mailing address, if applicable:	· N/	La f a r		
(Mailing address MAY BE A POST OFFICE BOX)		<u>୍ରେଟ୍ର</u>		
		Orn <b>v</b>		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		cords, enter the name of the nev		
Name of New Registered Agent:	NA			
New Registered Office Address:	Fntor Fla	orida street address		
	Emel Pil			
	City	, Florida 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.

Jif 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 **Address** Type of Action **Title** Name Loudemie delice ☐ Add Remove RENETTE Fortune MGR ☐ Add Remove REgine Emile ☐ Add Remove ☐ Add Remove MGR BERTHA DUCREPINC 907 SW15th st. APT 307 □Add Remove POMPANO BEACH PL 33060 ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Wilton Antoine 15 Supose to be the only Dated Signature of a member of authorized representative of a member Wilton Antoine,
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00