

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L12000026343**

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : NEW START BUSINESS SOLUTIONS INC  
Account Number : 120130000079  
Phone : (305) 804-1047  
Fax Number : (866) 767-7835

**\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
HCH ENTERPRISES LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

RECEIVED

15 FEB 19 AM 10:00

FLORIDA DEPARTMENT OF STATE  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

SECRETARY OF STATE  
TREASURER  
TALLAHASSEE, FLORIDA

2015 FEB 19 PM 12:39

FILED

FEB 20 2015  
J. HARRIS



February 19, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

HCH ENTERPRISES LLC  
690 SW 1ST COURT, UNIT E  
MIAMI, FL 33130US

SUBJECT: HCH ENTERPRISES LLC  
REF: L12000026343

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The effective date must be specific and cannot be prior to the date of filing.

The entity's date of incorporation/organization must be listed in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

FAX Aud. #: H15000036397  
Letter Number: 815A00003482

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

(((H15000036397 3)))

HCH ENTERPRISES LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/23/2012 and assigned  
Florida document number L12000026343.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

HENRY H MALPARTIDA

New Registered Office Address:

690 SW 1ST CT

*Enter Florida street address*

MIAMI

Florida 33130

*City*

*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 605, 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.*

HENRY H MALPARTIDA  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

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| <u>Title</u> | <u>Name</u>        | <u>Address</u>  | <u>Type of Action</u>                      |
|--------------|--------------------|-----------------|--|
| MGRM         | FEDERICO CARABETTA | 690 SW 1ST CT   | <input type="checkbox"/> Add               |
|              |                    | UNIT E          | <input checked="" type="checkbox"/> Remove |
|              |                    | MIAMI, FL 33130 |  |
| MGRM         | JOSE L PARAMIO     | 690 SW 1ST CT   | <input type="checkbox"/> Add               |
|              |                    | UNIT E          | <input checked="" type="checkbox"/> Remove |
|              |                    | MIAMI, FL 33130 |  |
| MGR          | HENRY H MALPARTIDA | 690 SW 1ST CT   | <input checked="" type="checkbox"/> Add    |
|              |                    | UNIT E          | <input type="checkbox"/> Remove            |
|              |                    | MIAMI, FL 33130 |  |
|              |                    |                 | <input type="checkbox"/> Add               |
|              |                    |                 | <input type="checkbox"/> Remove            |
|              |                    |                 | <input type="checkbox"/> Add               |
|              |                    |                 | <input type="checkbox"/> Remove            |
|              |                    |                 | <input type="checkbox"/> Add               |
|              |                    |                 | <input type="checkbox"/> Remove            |

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: 02-20-2015 (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated FEBRUARY 01, 2015

HENRY H MALPARTIDA

Signature of a member or authorized representative of a member

HENRY H MALPARTIDA

Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

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