

42000089754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

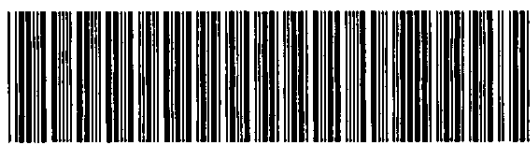
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 AUG 13 PM 4:04
Clerk of Court
Circuit Court of Illinois

AUG 15 2013
D. BUTLER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: H.U.C. FREE SPIRIT, 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:

Carlos Aguilar

Name of Person

Somerset Corporate Services, Inc.

Firm/Company

200 Crandon Blvd. Suite 360

Address

Miami, Florida 33149

City/State and Zip Code

caguilar@aguilarfirm.com

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

For further information concerning this matter, please call:

Carlos Aguilar

Name of Person

at (**786**) **553-8850**

Area Code & Daytime Telephone Number

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
Tallahassee, FL 32301

FILED
13 AUG 13 PM 4:04

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H.U.C. FREE SPIRIT, 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 07/10/2012 and assigned

Florida document number L12000089754

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:

200 Crandon Blvd. Suite 360

(Principal office address MUST BE A STREET ADDRESS)

Miami, Florida 33149

Enter new mailing address, if applicable:

200 Crandon Blvd. Suite 360

(Mailing address MAY BE A POST OFFICE BOX)

Miami, Florida 33149

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:

Somerset Corporate Services, Inc.

New Registered Office Address:

200 Crandon Blvd. Suite 360

Enter Florida street address

Miami

City

, Florida 33149

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.

[Signature]
If Changing Registered Agent, Signature of New Registered 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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
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| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |

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

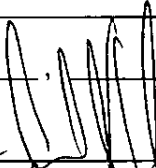
Change address for MGR Carlos Aguilar to:

200 Crandon Blvd 360

Miami, Florida 33149

Dated

8/8/2013



Signature of a member or authorized representative of a member

Carlos Aguilar

Typed or printed name of signee

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Filing Fee: \$25.00

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