Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name ; GUZMAN & GUZMAN, P.A.

Account Number : I20080000090

Phone Fax Number

: (305)670-1991 : (305)670-1993

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

Email 2	Address:		
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **HCISULFAM LLC**

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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ζ.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HCISULFAM LLC				
(Name of the Limited Lia	bility Company as it now appears on our rida Limited Liability Company)	records.)		
The Articles of Organization for this Limited Liability Company were filed on 12/13/12 and assigne Florida document number L12000155731				
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liability company here:			
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company," the	designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable	·	AC SE		
(Principal office address MUST BE A STREET A.	DDRESS)	AR A		
		ASSEE.		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	0877 UT		
B. If amending the registered agent and/or a registered agent and/or the new registered office		ords, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florid	la street address		
_		Florida		
	Clty	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.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

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:

AMBR = Authorized Member Title Name Address Type of Action 328 CRANDON BLVD **MGR** HIBISCUS VIEW LTD Suite 222A-B Remove Key Biscayne, FL 33149 328 CRANDON BLVD MGR DOLORES URDAPILLETA Suite 222A-B Remove Key Biscayne, FL 33149 JAN 7 ထု Remove Remove

D. If amending any other informa	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)				
<u> </u>					
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	100000000000000000000000000000000000000				
E. Effective date, if other than the (If an effective date is listed, the date	e date of filing: must be specific and cannot be more	optional) e than 90 days after filing.) (605.0207 (3)(b)			
Dated January 7	2014				
	New Con Change				
S	enature of a member of authorized repr	esentative of a member			
<u></u>	RES WESSATILLETY	-			
	Typed or printed name of	signec			

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SECRETARY OF STATE