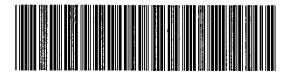
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## **COVER LETTER**

Division of Corpo			
HNT Inves	stments, LLC		
5000ECT	Name of Limited Liability Company		
The enclosed Articles of A	mendment and fee(s) are submitted for filing.		
Please return all correspond	dence concerning this matter to the following:		
	Quoc Hung Vu		
	Name of Person		
	Firm/Company		
	92 Southlake Boulevard		
	Address		
	Brampton, Ontario L6V 4N8 Canada		
	City/State and Zip Code	79 E	
	hungqvu00@gmail.com		Carry.
The found of the second	E-mail address: (to be used for future annual report notification)	三	er, il.
For further information coi	ncerning this matter, please call:	66 G	g deres
Quoc Hung Vu	416 875-5705		F".
Name of		- I 3	1
Enclosed is a check for the	e following amount:		
■ \$25.00 Filing Fee	(additional copy is enclosed) Certified C	of Status &	

### 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

HNT Investments, LLC			
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)		
The Articles of Organization for this Limited Liability Composition document number L1300005474	any were filed on 01/10/2013	and ass	igned
his 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		.L.C."
Enter new principal offices address, if applicable:			77
Principal office address MUST BE A STREET ADDRESS	<u> </u>	7	rug Ferdis
			<del></del>
		PA	(1)
inter new mailing address, if applicable:	92 Southlake Boulevard	<u> </u>	h thir ef
Mailing address MAY BE A POST OFFICE BOX)	Brampton, Ontario L6V 4N8	3. B	
	Canada		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address  Name of New Registered Agent:		r the name	of the 1
New Registered Office Address:			
	Enter Florida street address		
	, Florida _		
	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.

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:

	pe of Action
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	] Remove
	] Add
	l Remove
σ	□ Add
	l Remove
	Add Add Remove
	P I I I
	Remove
	l Add
	Remove

If amending any other info	ormation, enter change(s) here: (Attach ad	lditional sheets, if necessary.)
<del>.</del> .		
	n the date of filing: c, cannot be prior to date of receipt or filed date and can the Florida Department of State)	
, March 23	2015	
ated	<del></del>	
	Shing	
	Signature of a member or authorized represen	tative of a member
Quoc Hung V	u u	
	Typed or printed name of sign	nee

Page 3 of 3

Filing Fee: \$25.00

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