L13000116926

| (Re | questor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | dress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
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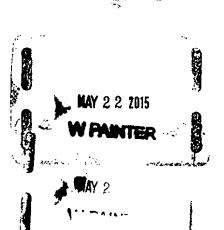
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15 MAY 19 PH 3: 09
SECRETARY OF STATE
ALLAHASSEE, FLORIS



$\mathbf{COVER}_{\underline{S}} \ \mathbf{LETTER}_{\underline{S}}$

| | sistration Section of Cor | | | |
|----------------|---------------------------|--|---|---|
| SUBJECT: | HFA MAI | NAGEMENT, LLC | | |
| | | Name of Lim | ited Liability Company | |
| The enclosed | Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return | all correspon | ndence concerning this matter | to the following: | |
| | | KURT D. ZIMMERN | IAN | |
| | | | Name of Person | |
| | | LAW FIRM OF ZIMM | MERMAN & ASSOCIATES | |
| | | | Firm/Company | |
| | | 2400 E. COMMERC | IAL BLVD., SUITE 820 | |
| | | * | Address | ···· |
| | | FT. LAUDERDALE, | FL 33308 | |
| | | VIIDT@ZIMAEDMA | City/State and Zip Code | |
| | | KURT@ZIMMERMA E-mail address: (| to be used for future annual report notifi | ication) |
| For further in | nformation co | oncerning this matter, please c | all: | |
| KURT ZIN | MERMA | N | 954 202-7761 | |
| • | Name of | Person | | Telephone Number |
| Enclosed is a | check for th | e following amount: | | |
| ■ \$25.00 F | iling 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| HFA MANAGEMENT, LLC | | |
|--|--|---|
| (Name of the Limited Liability Compar (A Florida Limited L | ay as it now appears on our records.) ability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L13000116926</u> | were filed on 08/19/2013 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | |
| The new name must be distinguishable and end with the words "Limited Liabi | ility Company," the designation "LLC" or the abt | previation "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) | | |
| Intuiting unitess WAT BEATOST OFFICE BOA | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | | he name of the ne |
| Name of New Registered Agent: | | - |
| New Registered Office Address: | | |
| 21711 1172 | 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 provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, and I am fai provided for in Chapter 605, F.S. Or, if | miliar with and fthis d oc ument is |

If Changing Registered Agent, Signature of New Registered Agent
Page 1 of 3

Page 1 of 3

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:

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------------|-------------------------------------|-----------------------------|
| MGR | HFAA, LLC | 2400 E. Commercial Blvd., Suite 820 | |
| | | Fort Lauderdale, FL 33308 | Remove |
| MGR | Renee Kotchek | 5910 NE 21st Road | ■ Add |
| | | Fort Lauderdale, FL 33308 | □ Remove |
| MGR | Tina M. Schaeffer | 5910 NE 21st Road | ■ Add |
| | | Fort Lauderdale, FL 33308 | □ Remove |
| | | | |
| | | | Remove |
| | | | — □ Add |
| | | | Remove |
| ····· | | <u> </u> | Add 15 Remove Add 09 Remove |
| | | 12 han | □ Remove |

| | f amending any other information, enter change(s) here: (Attach additional sheets, if necess | ary.) |
|---|---|-------|
| | | |
| | | |
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| | | |
| | Effective date, if other than the date of filing:(options 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) | |
| | he effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after | |
| [| 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) | |

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF SIAIS

CONSENT TO ACTION WITHOUT MEETING HFA Management, LLC a Florida limited liability company

(THE "COMPANY")

Pursuant to the unanimous vote of the Members of the Company and Section 608.422(5) of the Florida Statutes, the undersigned, as the Managers of the Company acknowledge and consent in writing that the following Resolutions be adopted and direct that this Consent be inserted into the record book of the Company:

RESOLVED, HFAA, LLC, a Wyoming limited liability company, is hereby removed as Manager of the Company, as of the date of this Consent;

RESOLVED, Renee Kotchek and Tina Schaeffer, whose post office address is 5910 NE 21st Rd., Fort Lauderdale, FL 33308, are hereby appointed as the Managers of the Company, effective as of the date of this Consent;

RESOLVED, as of the date of this Consent, the Principal and Mailing address of the Company is 2400 E. Commercial Blvd., Suite 820, Fort Lauderdale, FL 33308;

BE IT FURTHER RESOLVED, that Renee Kotchek, individually, and Tina Schaeffer, individually, as the Managers of the Company are authorized and directed to execute such signature cards and other documents in connection with any and all bank accounts as may be necessary or advisable and to certify removal of HFAA, LLC, a Wyoming limited liability company, from association with any and all bank accounts.

The above Consent to Action Without Meeting of HFA Management, LLC is adopted for the Company by the signature of the Managers below.

Signed on this 29 day of 1015.

MANAGERS:

Renee Kotchek

Tina Schaeffer

RESIGNATION BY HFAA, LLC, A WYOMING LIMITED LIABILITY COMPANY, MANAGER

Effective as of the date of this Consent, HFAA, LLC, a Wyoming limited liability company, hereby resigns as the Manager of HFA Management, LLC, a Florida limited liability company and affirms that the company has been notified of such resignation in writing.

HFAA, LLC

2400 E. Commercial Blvd., Suite 820 Fort Lauderdale, FL 33308

Renee Kotchek, Manager

Tina Schaeffer, Manager

ACCEPTANCE OF RESIGNATION

We, Renee Kotchek and Tina Schaeffer, as Managers of HFA Management, LLC ("Company"), hereby acknowledge and accept the foregoing resignation of HFAA, LLC, a Wyoming limited liability company, as Manager of the Company.

MANAGERS:

Renee Kotchek

Tina Schaeffer

15 MAY 19 PH 3: 09
SECRETARY OF STATE