

L13000120555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

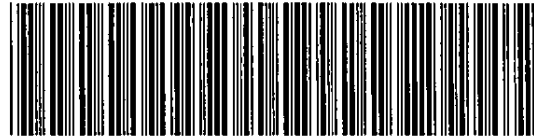
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000291354800

10/26/16--01013--007 **30.00

FILED
IN CLERK'S OFFICE
16 OCT 26 PM 2:53

OCT 27 2016
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

HVS Investments LLC

SUBJECT: _____
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:

Kim Anna Knoedler

Name of Person

HVS Investments LLC

Firm/Company

6600 NW 16th Street, Suite 10

Address

Fort Lauderdale, FL 33313

City/State and Zip Code

kim.knoedler@synthax.com

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

For further information concerning this matter, please call:

Kim Anna Knoedler

754

2064220

at (_____) _____

Name of Person

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

**TO
ARTICLES OF ORGANIZATION
OF**

HVS Investments 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 08/26/2013 and assigned
Florida document number L13000120555.

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 contain 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: Kim Anna Knoedler

New Registered Office Address: 6600 NW 16th Street, Suite 10

Enter Florida street address

Fort Lauderdale, Florida 33313

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Hermann Vega Savon	6600 NW 16th Street, Suite 10	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33313	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kim Anna Knoedler	6600 NW 16th Street, Suite 10	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33313	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sherry Carney	6600 NW 16th Street, Suite 10	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33313	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change


FILED
OCT 16 PM 2:53
CLERK OF DISTRICT COURT
NORTH DAKOTA
FBI

Lined area for document content.

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated October 18th, 2016

X  _____
Signature of a member or authorized representative of a member

Hermann Vega Savon _____
Typed or printed name of signer

FILED
OCT 26 2016
16 OCT 26 PM 2:53