Division of Corporations Electronic Filing Cover Sheet

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(((H160001056213)))



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Division of Corporations

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Account Name : GARY, DYTRYCH & RYAN, P.A.

Account Number: 119990000255

: (561)844-3700

Phone Fax Number

: (561)844-2388

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Email Address: Md@ gdr - law. com

2016 APR 28 PM 12: 28
SECRETARY STAFF

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN H & M HASSMAN, LLC

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Gary Dytrych & Ryan

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No. 0427 P. 2

2016 APR 28 AM 10= 52

SEGRETARY OF STATE FALLAHASSEE FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

h & m hassman, llc						
(Name of the Limi	(A Florida Limited	tov as it now appears Liability Company)	on our records.)			
he Articles of Organization for this Limited L Torida document number L13000174234	lability Company	were filed on 12/	17/2013 and assigned			
his amendment is submitted to amend the foll	owing:					
. If amending name, <u>egter the new name c</u>	f the limited liab	olity company be	<u>'e</u> :			
he new name must be distinguishable and contain the	vorda "Limited Liabi	lity Company," the de	signation "LLC" or the abbreviation "LLC."			
nter new principal offices address, if applicable:		579 NW 35TH PLACE				
Principal office address MUST BE A STREET ADDRESS)		BOCA RATON, FL 33431				
er new mailing address, if applicable:		579 NW 35TH F	LACE			
Mailing address MAY BE A POST OF FICE BOX)		BOCA RATON, FL 33431				
3. If amending the registered agent and egistered agent and/or the new registered o			our records, enter the name of the n			
Name of New Registered Agent:	MITCHELL HASSMAN					
New Registered Office Address:	579 NW 35TH		da street address			
	BOCA RATON		, Florida 33431			
	 	City	2ip 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

Page 1 of 3

_C Add

□ Remove

_□ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member Title Name <u>Address</u> Type of Action MGR HOWARD A HASSMAN 16244 BRIDLEWOOD CIR □ Add DELRAY BEACH, FL 33445 Remove D Change MGR JARED HASSMAN 3760 COVENTRY LANE **₽** Add BOCA RATON, FL 33496 _D Remove □ Change □ Add 2016 APR Schange S HASS. D'Add, SIASE SIASE _D Change _□ Add _□ Remove _ Change

Page 2 of 3

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-	Sig	ature of a mor	itoer or authoriz	ed representative	of a member		

Page 3 of 3 Filing Fee: \$25.00