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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 : (323) 962-8600 Phone

Fax Number : (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HNS GLOBAL, LLC

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COVER LETTER

| TO: Registration S Division of Co | | | | | |
|--------------------------------------|----------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--|--|
| HNS GLO | OBAL, LLC | | | | |
| Nume of Limited Liability Company | | | | | |
| | Amendment and fee(s) are sub | _ | | | |
| | Cheyenne Moseley | | | | |
| | | Name of Person | | | |
| | Legalzoom.com, Inc. | | | | |
| | | Firm/Company | | | |
| | 100 W. Broadway Suite 100 | | | | |
| | | Address | | | |
| | Glendale, CA 91210 | | | | |
| | City/State and Zip Code | | | | |
| | contact@hnsglobaltrade. | com to be used for future samual report notif | ication) | | |
| For further information | concerning this matter, please o | all: | | | |
| lmelda Vasquez | | 323 962-8600 ea | xt 7950 | | |
| Name | of Person | Area Code Daytime | Telephone Number | | |
| Enclosed is a check for | the following amount: | | | | |
| ☐ \$25,00 Filing Fee | Certificate of Status | S55.00 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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| HNS GLOBAL, LLC | | |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------|
| Name of the Limited Liability Compa (A Florida Limited | ny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number L14000054371 | were filed on <u>04/02/2014</u> | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and end with the words "Limited Link | oility Company," the designation "LLC" or the abbre | eviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | E 300 |
| | | <u>ප</u> පිරි |
| | | |
| Enter new mailing address, if applicable: | 3921 Alton Rd #103 | |
| (Mailing address MAY BE A POST OFFICE BOX) | Miami Beach, FL 33140 | Z 73.77 |
| | | |
| | | 2 |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | | name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | | |
| | , Florida | Zip Code |
| Nam Decistared 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 Ragistered Agent, Signature of New Registered Agent

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MGR = Manager

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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 Type of Action Name Address AMBR CHIN'S SEALOCK 5161 COLLINS AVE. APT. 214 DbA □ MIAMI BEACH, FL 33140 Z Remove **AMBR** Chin Su Sealock 5161 COLLINS AVE. APT. 214 **⊠** Add MIAMI BEACH, FL 33140 _ Remove __□ Add _ Remove ☐ Remove ☐ Add □ Remove □ Add _□ Remove

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| o. If amending any other information, enter change(s) here: (Attach add | litional sheets, if nocessary.) |
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| | |
| Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot the date this document is filed by the Florida Department of State) | (optional) of he more than 90 days ofter |
| Dated (0171204 | |
| O lan Ser Lealer | 人 |
| Nignature of a member or anthorized representat | ive of a member |
| CHIN SU SEALOCK | |
| Typed or printed name of signos | |

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