<u>L14000081885</u>

(Pa	questor's Name)	
(Re	questors Name)	
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(Cit	ty/State/Zip/Phone #	<i>f</i>)
PICK-UP	☐ WAIT	MAIL
	siness Entity Name	<u>, </u>
(Би	Siness Entity Name	;)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer	
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J. HARRIS

COVER LETTER

TO: Registration Section **Division of Corporations** HTH WORLDWIDE AGENTS, LLC 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: MICHAEL DUCOTE Name of Person Firm/Company 15901 COLLINS AVE., # 4004 Address SUNNY ISLES BEACH, FL 33160 City/State and Zip Code matiasrampi41@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount: □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, □ \$30.00 Filing Fee & ■ \$25.00 Filing Fee Certified Copy Certificate of Status & Certificate of Status Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City	Zip Code
	, Florida	
New Registered Office Address:	Enter Florida street address	
Name of New Registered Agent:		
Segment and the ment regarded write address	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	· · · · · · · · · · · · · · · · · · ·	the name of the ne
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Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
Enter new mailing address, if applicable:		5 077
		SE VISIV
Principal office address MUST BE A STREET ADDRES	SS)	- 9
Inter new principal offices address, if applicable:		
he new name must be distinguishable and end with the words "Limited	d Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
<u></u>		
A. If amending name, enter the new name of the limited	I liability company here:	
This amendment is submitted to amend the following:		
lorida document number L14000081885		
The Articles of Organization for this Limited Liability Com	pany were filed on MAY 20, 2014	and assigned
(Name of the Limited Liability C	ompany as it now appears on our records.) nited Liability Company)	
HTH WORLDWIDE AGENTS, LLC (Name of the Limited Liability C	Company as it now appears on our records.	

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:

MGR = Manager

AMBR = Authorized Member Title <u>Name</u> <u>Address</u> **Type of Action** 6515 COLLINS AVE # 1002 LEONEL O VEGA MGR MIAMI BEACH, FL 33141 Remove 15901 COLLINS AVE., # 4004 MGR MICHAEL A. DUCOTE SUNNY ISLES BEACH, FL 33160 Remove ☐ Remove □ Add ☐ Remove

If amending any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	e of receipt or filed date and cannot be more than 90 days after of State)
Dated 7-11-2014	•
221/x	
Signature of a m	ember or authorized representative of a member
MICHAEL A. DUCOT	E
· · · · · · · · · · · · · · · · · · ·	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

14 JUL 16 PH 3: 00