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SECRETARY OF STATE

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COVER LETTER

TO:	Registration Se Division of Cor		•.	•
CHDI	ect.	HIIT 56 LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
			Jonathan Larkin	
	•		HIIT 56 LLC	
			Firm/Company	
		141 1	NW 20th Street	
			Address	
		Вос	ca Raton. FL 33431	
			City/State and Zip Code	
		F 9 . Is	lark111057@aol.com	
	•		to be used for future annual report	notification)
For fu	ther information of	oncerning this matter, please ca	ill:	
	Jonathan Larkin		561	723-6536
	Name of	f Person	at () Area Code Da	nytime Telephone Number
Enclos	ed is a check for th	e following amount:		
□ \$ 2	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	HIIT 56 LLC		
(<u>Name of the Limited L</u> (A F	iability Company as it now appe lorida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liabil	• • • –	6/20/2014	and assigned
Florida document number L 14000098814	·		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company I	nere:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the	designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u></u>		
(Principal office address MUST BE A STREET A	DDRESS)		
			5 \$45
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		2 3
			377 2007 2007
B. If amending the registered agent and/or r	agistanad office address o	n our records on	∺್⇔
registered agent and/or the new registered office	address here:	n our records, <u>en</u>	ter the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	orida street address	
_		, Florida	
	City	Ť	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

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

<u>Title</u>	Name	Address 33472	Type of Action
AMBR	Pam Waddick	11Plaza Real Boca Raton, FL 3345	Add
			□ Remove
			☐ Change
			□ Remove
			Change
			Add
		 	□ Remove
			Change
			Add
			□ Remove
			Change
			
			Add FEB 27e PM Remove PM
			Remove PR CORPORATIONS TAILED Change Of Change
			D Add
			Remove
			Change

If amending any other inform	nation, enter change(s) here: (Attach additional sheets, if necessary.)	ı

Effective date, if other than the If an effective date is listed, the date management in this behavior of the If the date inserted in this behavior of the If the document's effective date on the If	aust be specific and cannot be prior to date of filing or more than 90 days after filing.) Poblock does not meet the applicable statutory filing requirements, this date wi	tursuant to 605.0207 (3)
ne record specifies a delaye The 90th day after the re	ed effective date, but not an effective time, at 12:01 a.m. on cord is filed.	the earlier of:
Dated 2/22/2017	,	
	Signature of a member or authorized representative of a member	17 F
	Typed or printed name of signee	E
		27 1
	n 4 ea	P.3

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Filing Fee: \$25.00

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