L14000144540

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Office Use Only



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COVER LETTER

| Division of C | corporations | • | |
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| HUG MI | | | |
| | | ted Liability Company | |
| | | | |
| The enclosed Articles | of Amendment and fee(s) are subn | nitted for filing. | |
| | | _ | |
| Please return all corres | spondence concerning this matter to | o the following: | |
| | STEFANIA BAU | | |
| | | Name of Person | |
| | | Name of Person | |
| | HUG ME LLC | | |
| | | Firm/Company | |
| | P.O. BOX 12372 | | |
| | | Address | |
| | TALLAHASSEE, FL 3231 | 7 | |
| | | City/State and Zip Code | |
| | STEFY.BAU@NEXTUS.GI | | |
| | E-mail address: (to | o be used for future annual report notif | cation) |
| For further information | n concerning this matter, please ca | II: | |
| STEFY BAU | | 310 6002942 | |
| Nom | e of Person | at () Area Code Daytime | Telephone Number |
| Nam | e of reison | Area Code Daytime | relephone number |
| | | | |
| Enclosed is a check fo | r 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

· TO:

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



FLORIDA DEPARTMENT OF STATE

Division of Corporations

| TALLAMASS | FLORIDA
| FLORIDA DEPARTMENT OF STATE
| FLORIDA DEPARTMEN

November 24, 2015

STEFANIA BAU PO BOX 12372 TALLAHASSEE, FL 32317

SUBJECT: HUG ME LLC Ref. Number: L14000144540

We have received your document for HUG ME LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 015A00024753

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

FILED

2015 DEC 11 PM 12: 35

SECRETARY OF STATE TALLAMASSEE, FLORIDA

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(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 09/08/14 and assigned |
|--|---|
| Florida document number L14000144540 | |
| 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 contain the words "Limited Liabi | lity Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 3311 THOMAS BUTLER RD |
| (Principal office address MUST BE A STREET ADDRESS) | TALLAHASSEE, FL 32308 |
| | |
| Enter new mailing address, if applicable: | P.O. BOX 12372 |
| (Mailing address MAY BE A POST OFFICE BOX) | TALLAHASSEE, FL 32317 |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | , Florida |
| | 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

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> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|------------------|----------------------------|----------------|
| AMBR | GIOVANNI LIGURGO | VIA MODURE' 63 | □ Add |
| | | BORGO TICINO, NOVARA, 2804 | ■ Remove |
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| Effective date, if other than the date is listed, the date must be Note: If the date inserted in this block locument's effective date on the Department. | specific and cannot be prior to date of filing or more than 90 days does not meet the applicable statutory filing requirements | s after filing.) Pursuant to 605.0280 (3) |
| e record specifies a delayed ef The 90th day after the record | fective date, but not an effective time, at 12:0 is filed. | 01 a.m. on the earlier of: |
| NOVEMBER 18TH | 2015 | |
| | | |
| | | |
| | nature of a member or authorized representative of a member | |

Page 3 of 3

Filing Fee: \$25.00