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SECRETARY OF STATE
SALLAHASSEE FLORID

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HSG, L.L.C. 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:
megan Gehl Name of Person
Firm/Company
P.O. Box 460265 Address
Fort Lauderdale, FL 33346 City/State and Zip Code
E-plail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Megan Gehl at (954) 648-856 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee

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

<u> </u>
(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 9/17/14 and assigned Florida document number LIH 0001H5469
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address Florida T.C. P. F.T.
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

If Changing Registered Agent, Signature of New Registered Agent

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 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 Type of Action Address **Title** Name AMBR Megan GehL 1120 SE 6th Street Bradd Fort Lauderdale, FL DRemove 33301 Michael G. Strineka 2100 N.E. 38th Street BRAdd AMBR #217 _____ DRemove <u>Lighthouse Point, FL</u> 33064 MGR Gale Force 1120 SE 6th Street DAdd
Consultants, LLC Fort Lauderdale, FL & Remove 33301 MGR <u>michael</u> G. Strineka 2100 N.E. 38th Street 11 Add Lighthouse Point, En 583,064 □ Add ☐ Remove

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	(optional) d cannot be more than 90 days after
he date this document is filed by the Florida Department of State) Pated September 18, 2014.	(optional) d cannot be more than 90 days after
the date this document is filed by the Florida Department of State) Dated September 18, 2014.	cannot be more than 90 days after
The 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 the date this document is filed by the Florida Department of State) Dated September 18, 2014. Signature of a member or authorized representations.	cannot be more than 90 days after
ated September 18, 2014. We also this document is filed by the Florida Department of State)	cannot be more than 90 days after

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Filing Fee: \$25.00

