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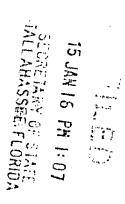
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Lemmar Jan 29 2015

COVER LETTER

TO: Registration Se Division of Con			
	NVESTMENT LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
,	SAMAR BARHOUS	Н	
		Name of Person	
		Firm/Company	
	232 S MAIN STREE	:T	
		Address	
	BELLE GLADE, FL	33430	
		City/State and Zip Code	
	ssbarhoush@gmail.c		
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	all:	
Samar Barhoush		561 261-1277	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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 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**

HHMS INVESTMENT LLC
(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limito	ed Liability Company)		
The Articles of Organization for this Limited Liability Compa Florida document number <u>L14000154566</u>	ny were filed on 09/30/2014	and assig	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
The new name must be distinguishable and end with the words "Limited L	iability Company," the designation "LLC" or th	e 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 registered agent and/or the new registered office address h		er the name o	f the new
· · · · · · · · · · · · · · · · · · ·		5 2	
Name of New Registered Agent:			Cf makes
New Registered Office Address:		SS O	gis a setting
	Entar Florida street address		metical section of the section of th
	, Florida _	2 17 (C)	<u> 177</u>
New Registered Agent's Signature, if changing Registered Age	•		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officompany has been notified in writing of this change.	gree to act in this capacity. I further a ste performance of my dutics, and I an as provided for in Chapter 605, F.S. C	n familiar with Dr, if this docum	n and nent is

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SAMAR BARHOUSH	232 S. Main Street	
		Belle Glade, FL 33430	Remove
MGR	HANI BARHOUSH	232 S. Main Street	Add
		Belle Glade, FL 33430	Remove
MGR	HELA BARHOUSH	232 S. Main Street	Add
		Belle Glade, FL 33430	□ Remove
MGR	MOHAMAD BARHOUSH	232 S. Main Street	Add
		Belle Glade, FL 33430	Remove
MGR	SAEED BARHOUSH	232 S. Main Street	SSE Add
		Belle Glade, FL 33430	REMOVE
			□ Add
			□ Remove

					
)-WE				
Effective date, if other the effective date must be the date this document is	specific, cannot be prior	r to date of receipt or fil	ed date and canno	(optiona t be more than 90 days after	1)
(The effective date must be	specific, cannot be prior	r to date of receipt or fil	ed date and canno	(optiona t be more than 90 days after	1)
the date this document is	specific, cannot be prior filed by the Florida Depa	r to date of receipt or fil artment of State)		t be more than 90 days after	1)

Page 3 of 3

Filing Fee: \$25.00

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