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COVER LETTER

	Registration Secti Division of Corpo			
SUBJEC	Т:	Ha H Propert	ries FLA, LLC nited Liability Company	
		Name of Lin	nted Liability Company	
The enclo	osed Articles of Ar	mendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspond	ence concerning this matter	to the following:	
		Vincent 1	A. Hoover Name of Person	
			Name of Person Poperhies FLA, LLC Firm/Company	
		13775	N. Nebraska Aw	<u> </u>
		Tampa	City/State and Zip Code City/State and Zip Code City/State and Zip Code City D hotmail. Co	
		F-mail address:	all a hotmail. co	cation)
For furthe	er information con	cerning this matter, please c	all:	
	Vincent	9. Hoover	at (<u>813</u>) <u>963 - S</u> Area Code Daytime	5555
	Name of P	erson	Area Code Daytime	Telephone Number
Enclosed	is a check for the	following amount:		
K \$25.0	0 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

HEH Properties FLA	1, <u>uc</u>
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L14 000 172363</u> .	ny were filed on November 5, 2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liz	ability company here:
The new name must be distinguishable and end with the words "Limited Li	iability Company," the designation "LLC" or the abyregiation "L.L.C."
Enter new principal offices address, if applicable:	AR A
(Principal office address MUST BE A STREET ADDRESS)	A S consists
	MAX D
	FF.
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 he	office address on our records, enter the name of the never ere:
Name of New Registered Agent:	<u> </u>
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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or <u>Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member <u>Title</u> Name <u>Address</u> **Type of Action** MGRM Vincent. A. Hoover 1806 Bella lago Ln MAdd

Tampa 77 33618

Rem _ Add ____ 🗆 Remove _□ Add ☐ Remove □ Add ☐ Remove _□ Add ☐ Remove _ Add ☐ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary	.)		
E. Effective date, if other than the date of filing: (optional) (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot re more than 90 days after			
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot re more than 90 days after the date this document is filed by the Florida Department of State)			
the last of and			
Dated November 1, 2014.			
7 Don			
Signature of a member or authorized representative of a member	<u> </u>	_	
Signature of a member or authorized representative of a member Vincent A. Hoover Typed or printed name of signee			
Typed or printed name of signee	eI	_	
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Filing Fee: \$25.00