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(Re	equestor's Name)	
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2019 APR 25 AM 8: 32 SECRETARY OF STATE TALLAHASSEE, FL

John

COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT: H3 E	guity LLC Name of Lim	ited Liability Company	
The enclosed Articles of American	ndment and fee(s) are sub	mitted for filing.	
Please return all corresponden	ce concerning this matter	to the following:	
_	Chad Justi	Name of Person	
		Name of Person	
	H3 Equity	LLC Firm/Company	
_		Firm/Company	
_	1205 N.	Franklin St.	326
	Tampa, F	City/State and Zip Code Ce & H3 equity . com to be used for future annual report no	
_	<u> </u>	City/State and Zip Code	
	Chadjust.	ce @ H3equity.com	V
			tification)
For further information concer	ning this matter, please ca	ıll:	
Chad Just	æ	at (810) Mass	247-3700
Name of Perso	ា	Area Code Dayti	me Telephone Number
Enclosed is a check for the following	owing 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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

143 Equity LLC					
(Name of the Limited L (A F	iability Company as it now forida Limited Liability Com	appears on our record pany)	ds.)		
The Articles of Organization for this Limited Liabil Florida document number <u>L15000 21283</u>	ity Company were filed	on February	<u>ц 2015</u> an	d assigned	
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	limited liability compa	any here:			
N/A					
The new name must be distinguishable and contain the words	"Limited Liability Company	," the designation "LLC	or the abbreviation	on "L.L.C."	-
Enter new principal offices address, if applicable	:				_
(Principal office address MUST BE A STREET A.	DDRESS)		<u>ن</u>	2019	_
			200 700 700	. JB	7
		-		2 2	meners.
Enter new mailing address, if applicable:				ှု က ရုံ	
(Mailing address MAY BE A POST OFFICE BOX	0 <u></u>		:0C	2 3	1.1
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			<u> </u>	37 B	-
B. If amending the registered agent and/or registered agent and/or the new registered office		ss on our record	s, <u>enter the па</u>	me of the	new
Name of New Registered Agent:					_
New Registered Office Address:					
	Ent	er Florida street addres			-
		Fl	orida		
-	City		Zip C	lode .	-

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 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>	Address	Type of Action
AMBR	Matthew Kimball	1205 N. Franklin St. 326 Tampa FL 33602	Ž (_Add
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Effecti	ve date, if other	than the date of	of filing: _				_(optional)	
I an effe	ective date is listed, t If the date inserted	the date must be spe	cific and car	inot be prior to	a date of filing	or more than 90 d Iling requireme	avs after filing.) P	ursuant to 605,0207. If not be listed as:
docume	ent's effective date	e on the Departm	ent of State	s records.	-	3 1		
	ard enacities	doloued effe	ativa date		t :			
The	ord specifies a 90th day after	the record is	filed.	e, but not	an errectiv	re time, at 1	2:01 a.m. or	the earlier of
	. 1	_	Λ					
Dated _	April	15	- - -	2019	_·			
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Filing Fee: \$25.00