08/12/2015 10:21 FAX 3026745266 Division

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H150001947873)))



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Division of Corporations

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Account Number : 120080000104 Fhone : (302)674-4089 Fax Number : (302)674-5266

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J SHIVERS

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Limited Limited Limited Limited Limited	HIC. TAFF LLC any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>LISOCO 13 2 4 21</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Linh	flity 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)	20
	<u> </u>
	CO TO TO THE TOTAL
Enter new mailing address, if applicable:	OS 20 Programme
(Mailing address MAY BE A POST OFFICE BOX)	
	20.7% F
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new
Name of New Registered Agent: Dalfor	C Pirace
	St. Andrews Blud Enter Florida street address
Baca	$\frac{2.43}{\text{City}}$, Florida $\frac{2.243}{\text{Zip Code}}$
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

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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>	Name	Address	Type of Action
AMBR	Soel S. Pack	590 Facrington Huy	□ ∧战վ
		Kapolei, H. 96707	Remove
			[] Change
AMBR	Sames E Spirelli	9 mislou Drive	D Add
		Somesworth, NH 03878	1. C. Remove
			Change
AMBR	EUward E. Spent!	44 Hackens Wen Dr	D Add
		Selven, NH 03079	M Remove
			_ O Chunge
			□ Add
			_□ Remove
		***	□ Change
	A CONTRACTOR OF THE CONTRACTOR		D Add
			_П Кеточе
			_□ Change
ALLEGE MANAGEMENT			_□ ∧dd
			_□ Remove
			_□ Change

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A 2 15 A A
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