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COVER LETTER

SUBJECT: HALFPENNY, LLC	Div	ision of Corp	oorations						
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: BRUCE HUTSON Name of Person	SURIECT		NY, LLC						
Please return all correspondence concerning this matter to the following: BRUCE HUTSON Name of Person HALFPENNY, LLC Firm/Company 1229 ALHAMBRA CIRCLE Address CORAL GABLES, FLORIDA 33134 City/State and Zip Code JAHUT@NFSKIN.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JAMES HUTSON Name of Person Telephone Number Area Code Daytime Telephone Number S25.00 Filing Fee Certificate of Status Certified Copy Certificate of Status & Certified Copy Certificate of Status & Certified Copy									
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	\$25.00 I	Filing Fee		Certified Copy		Certificate Certified (of Status Copy		

MAILING ADDRESS:

TO:

Registration Section

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

HALFPENNY, LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our reco	ords.)
The Articles of Organization for this Limited Liability Comp	pany were filed on 10/05/2015	and assigned
Florida document number L15000168880		
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 contain the words "Limited	Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u></u>	
		: .
Enter new mailing address, if applicable:		32 G
(Mailing address MAY BE A POST OFFICE BOX)		三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三
B. If amending the registered agent and/or registered	ed office address on our reco	
registered agent and/or the new registered office address	mere:	第3 2
N. CN. D. L. A.		Service 10
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	lress
		Florida
	Citv	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 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	JOSEPH CALVO	8284 NW 64TH STREET	= Add
		MIAMI, FL 33166	Remove
			Change
AMBR	MICHAEL HUTSON	1229 ALHAMBRA CIRCLE	⊒ Add
		CORAL GABLES, FL 33134	Remove
			Change
AMBR	JAMES HUTSON	400 FERNWOOD ROAD	
		KEY BISCAYNE, FL 33149	D Remove
			©hange
AMBR	CONNER INTERACTIVE	1229 ALHAMBRA CIRCLE	Add -
		CORAL GABLES, FL 33134	Remove
			Change
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record specifies a delayed effe The 90th day after the record i	ective date, but n s filed.	ot an effective	e time, at 12:01 a	.m. on th	ne earlie	er o
DECEMBER 31ST	2015	<u></u> •				
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Signa	ture of a member or aut	horized representat	· ive of a member			
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Page 3 of 3

Filing Fee: \$25.00