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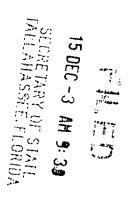
(R	equestor's Name)
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PICK-UP	WAIT MAIL
(В	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

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COVER LETTER

'TO: 'Registration Division of C			
HISGI, L	LC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	JOSHUA WALTON		
		Name of Person	
	HISGI, LLC		
	 	Firm/Company	
	800 SOUTH OSPREY AV	'E	
	,	Address	
	SARASOTA, FL 34236		
	EDWA COURT DE CUELA	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification	ion)
For further information	concerning this matter, please c		,
JOSHUA WALTON		614 208-8788 at ()	
Name	e of Person		lephone Number
Enclosed is a check for	the 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)
Regi Divi: P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 thassee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center	ns

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HISGI, LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company with Florida document number <u>L15000187608</u> .		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y 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)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address here:	-	the name of the new
Name of New Registered Agent:		20
New Registered Office Address:		<u>π</u> ω μπ
	Enter Florida street address	T S 9
	City, Florida_	Zip Oppe

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	NICHOLE WALTON	800 SOUTH OSPREY AVE	<u></u>
		SARASOTA, FL 34236	☐ Remove
		·······	□ Change
			Remove
			Change
			□ Add
			□ Remove
			Change
			
			□ Remove
			Add
			Remove
			Change
			□ Add
			☐ Remove
			□ Change

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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00