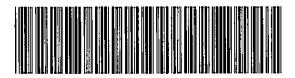
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JUN 1 7 2020 S. YOUNG

## **COVER LETTER**

Division of Corpor	rations		
SUBJECT: HM	Name of Limi	ted Liability Company	
The enclosed Articles of Am	endment and fee(s) are subi	nitted for filing.	
Please return all corresponde	nce concerning this matter t	to the following:	
	Hichen	Name of Person	<i>† i</i>
	IMH	rvesting Firm Company	LL-C
	6813 P	Address	ates ct
		FL 33 City: State and Zip Code	
-	E-mail address: (t	o be used for furuse annual repo	rt notification)
For further information conc	erning this matter, please ca	H:	
Hichem Name of Pe	Melliti	at $(813)$ Area Code I	2985244 Paytime Telephone Number
Enclosed is a check for the fo	ollowing amount:		
X \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
€ Mailing Address:		Street Addre	

Registration Section

TO:

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HM Invest	ing LLC
(Name of the Limited Liability Com (A Florida Limite	npany asht now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar	1 (1) A (1) Table 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Florida document number <u>47-54427</u> 3	4
This amendment is submitted to amend the following:	် <sup>ည်</sup> အ <b>အ</b>
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Liz	ability 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 offic agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enier Florida street address
	Florida
	Citi Zill Colle

### 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	Oussama Mellitt	13009 Terrace Brook Place FL 33637	XAdd
			□Remove
			☐Change
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(If an effective Note: I	e date, if other than the date of filing:
he record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	5-26-20
	Signature et a member or authorized representative of a member
	OUSSANA MELLITT