L15000200363

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COVER LETTER

SUBJECT:	HSTS INVEST	MENT LIC	
	Name of Lim	ited Liability Company	
The enclosed Article	es of Amendment and fee(s) are sub	omitted for filing.	
Please return all con	respondence concerning this matter	to the following:	
	<u>SAHA</u>	2 SHOSHAW Name of Person	
	HSTS INV	STMENT LLC Firm/Company	
	<u>5650 Sti</u>	Ving Rd # 4	
	Holly wood	d FL 33021 City/State and Zip Code	
	Sahar. S. E-mail address: (City/State and Zip Code Wshan@Gmail · Com To be used for further annual report notificed.	fication)
For further informat	ion concerning this matter, please c	ali:	
Sahar	Shochan ame of Person	at (<u>305</u>) <u>333 3</u> Area Code Daytim	671 e Telephone Number
	for the following amount:		
S25.00 Filing Fo	ce	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	IAILING ADDRESS:	STREET/COURI	

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

TO:

Registration Section Division of Corporations

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

TO ARTICLES OF ORGANIZATION OF

HSTS INVESTMENTS LLC

company has been notified in writing of this change.

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on ou Liability Company)	r records.)			
The Articles of Organization for this Limited Liability Company Florida document number L15000200363	Articles of Organization for this Limited Liability Company were filed on 09/29/2016 and assign and document number L15000200363				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designati	on "LLC" or the abbreviation "L.L.C.			
Enter new principal offices address, if applicable:	5650 STIRLING RD				
(Principal office address MUST BE A STREET ADDRESS)	#4				
The state of the s	HOLLYWOOD FL 33	021			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		28 TO JUL 24			
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		records, enter the name sof it			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address, Fiorida				
	City	Zip Code			
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	ree to act in this capact reperformance of my du	ity. I further agree to comply wities, and I am familiar with an			

If Changing Registered Agent, Signature of New Registered Agent

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of A
MGR	SIMA HARUSH	5650 STIRLING RD	
		HOLLYWOOD FL 33021	= Add
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ffective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of sote: If the date inserted in this block does not meet the applicable state ocument's effective date on the Department of State's records.	filing or more than 90 days after filing.) Pursuant to 605.0
e record specifies a delayed effective date, but not an eff The 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlier
06/20/2019	
(alu dela	
Signature of a member of authorized repr	escentative of a member
CAHAM SILOSII	.a. 1
SAHAN SHOSH, Typed or printed name o	f signee

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Filing Fee: \$25.00