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**S Warren** SEP 0 7 2016

## **COVER LETTER**

TO:	Registration Security Division of Corporation		·	,
SUBJI	ECT: HHM Interi	national, LLC		· .
	<del></del>	Name of Limi	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	·
Please	return all correspo	ndence concerning this matter	to the following:	
		Michael Gleissner	Name of Person	<u></u>
			Name of reison	
		<del> </del>	Firm/Company	
		1601 Harrison Street	Address	
		Hollywood, FL 33020	City/State and Zip Code	
		sitematrix.corporateservices E-mail address: (t	@bigfootventures.com o be used for future annual report notif	Teation)
For fu	rther information co	oncerning this matter, please of	ıll:	
Vanes	sa Pelaez Name o	f Person	at ( <u>305</u> ) <u>804-6108</u> Area Code Daytime	e Telephone Number
Enclos	sed is a check for th	ne following amount:		
■ \$2	5.00 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)

MAILING ADDRESS: 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 ARTICLES OF ORGANIZATION **OF**

HHM International, LLC (Name of the Lim	ited Liability Compa (A Florida Limited)	nny a <u>s it now appears on our rec</u> Liability Company)	ords.)
The Articles of Organization for this Limited I	Liability Company	were filed on <u>December 3, 3</u>	2015 and assigned
Florida document number <u>L15000202615</u>	·		
This amendment is submitted to amend the fol	lowing:		
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 Liabi	lity Company," the designation "I	The same of the sa
Enter new principal offices address, if appli		1601 Harrison Street	ASA SERVICE
(Principal office address MUST BE A STRE	ET ADDRESS)	Hollywood, FL 33020	
			TATE ORIOR
Enter new mailing address, if applicable:		1601 Harrison Street	<b>———</b>
(Mailing address MAY BE A POST OFFICE BOX)		Hollywood, FL 33020	
B. If amending the registered agent and registered agent and/or the new registered of			ords, enter the name of the ne
Name of New Registered Agent:	Michael Gleiss	ner	
New Registered Office Address:	1601 Harrison	dress	
	Hollywood		Florida 33020
New Registered Agent's Signature, if changing		City	Zip Code
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as register being filed to merely reflect a change in the	ed agent and agr per and complete gistered agent as p	ree to act in this capacity. It performance of my duties, provided for in Chapter 60	, and I am familiar with and 95, F.S. Or, if this document is

If Changing Registered Agent, Squature of New Registered Agent

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 = N $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		-	Remove
			Change
			□ Remove
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-		Signature of a	member or aut	norized represer	itative of a me	mber ====================================	579 570	
	Michael Gleissner				-	7.7.5 7.7.5	713	
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<u>i</u>			Typed or prin	ted name of sig	nee	EE F	Ū	П

Filing Fee: \$25.00