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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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DIVISION OF CONTRO ALIONS

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COVER LETTER

то:	Registration Sec Division of Corp			
SUBJE	ССТ:	HIREV Name of Limi	ided Liability Company	
The end	closed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
			NDREW MKINGS	4
			N A Firm/Company	
		8079 NW	10TH STREET Address	
		PLA	NTATION FL 33322 City/State and Zip Code Kinley Qumail: Com to be used for Tutale annual report notific	
		<u>Andrewma</u> E-mail address: (t	Kinley Qumail Com	cation)
For fur	\wedge	ncerning this matter, please ca	•	
~ .			Area Code Daytime	Télephone Number
/		following amount:	E accoonting	5 660 00 5W 5
y⊿ \$25	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 TO ARTICLES OF ORGANIZATION OF

HII	REV. L	LC.		o.	
(Name of the Limited) (A	Liability Compa Florida Limited I	ny as it now appears Liability Company)	on our records.)	16 C	
The Articles of Organization for this Limited Liab Florida document number		were filed on	1/11/2016	16 OCT IN AM II: 58	
This amendment is submitted to amend the following	ing:)	
A. If amending name, enter the new name of th	e limited liab	ility company hei	<u>re</u> :	SKO	>
The new name must be distinguishable and contain the word Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	le:	_	signation "LLC" or the all		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BC	<u>)x)</u>	8079 NI PLANTA	W 10TH ST TION FL 333	22	
B. If amending the registered agent and/or registered agent and/or the new registered offic			our records, enter	the name of	the new
Name of New Registered Agent:		ANDREW	McKinley		
New Registered Office Address:	8079 N		PLANTATION da street address	FC 33	322
	PLA		, Florida	3≤3 2 <u>7</u> 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, Lhereby 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
MGRM	VINCENT LACHMAN	461 NW 87TH TERLACE	Add
		APT 204	Remove
	Δ.	PLANTATION AL 33324	Change
MGRM	ANDREW MCKINLEY	8079 NW 10TH ST	\ □ Z Add
	ļ	PLANTATION FL 33322	Remove
			Change
			Add
			□ Remove
			Change
			DIVIZADON OF CRECCHARGE 58
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Effectiv	ve date, if other than the date of filing:
Note: 1	ent's effective date on the Department of State's records.
Note: I docume	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
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Note: I docume	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.

Page 3 of 3

Filing Fee: \$25.00