

AUG/09/2016/TUE 05:14 PM

FAX No.

P.001

8/9/2016

Division of Corporations

**L16000195677 3**

Florida Department of State  
Division of Corporations  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
HILON INTERNATIONAL LLC**

Certificate of Status	0
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AUG 10 2016  
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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

HILON INTERNATIONAL LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/29/2016 and assigned Florida document number L16000040143

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

HL CONSTRUCTION INTERNATIONAL LLC

The new name must be distinguishable and contain the words "Limited Liability 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)

7045 SW 83 PL

MIAMI, FL 33143

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7045 SW 83 PL

MIAMI, FL 33143

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

CHANGE OF ADDRESS

New Registered Office Address:

7045 SW 83 PL

*Enter Florida street address*

MIAMI

*City*

Florida 33143

*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, 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

Title	Name	Address	Type of Action
-------	------	---------	----------------

- |  |                                       |  |  |
|--|---------------------------------------|--|--|
| 1) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | <u>MGR</u> <u>NILVIA V YERO</u>       | <u>10131 SW 7ST</u><br><u>Miami FL 33174</u>           |  |
| 2) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | <u>MGR</u> <u>ARNOLFO E. GIL</u>      | <u>1031 SW 7ST</u><br><u>Miami FL 33174</u>            |  |
| 3) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>MGR</u> <u>DRYSI PUIGROS</u>       | <u>7045 SW 83PL</u><br><u>Miami FL</u><br><u>33145</u> |  |
| 4) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>MGR</u> <u>BELLYS LENA</u>         | <u>7045 SW 83PL</u><br><u>Miami FL</u><br><u>33145</u> |  |
| 5) <input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>AMBR</u> <u>CHANGE OFF ADDRESS</u> | <u>7045 SW 83PL</u><br><u>Miami FL</u><br><u>33145</u> |  |
| 6) <input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>MGR</u> <u>CHANGE OFF ADDRESS</u>  | <u>7045 SW 83PL</u><br><u>Miami FL</u><br><u>33145</u> |  |

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- 7) ☒ Change MGR CHANGE OFF ADDRESS 7045 SW 83PL  
Miami FL  
33145

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated

07/08, 16

Signature of a member

Signature of a member or authorized representative of a member

Mayte Romero  
Typed or printed name of signer

Typed or printed name of signee