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COVER LETTER

Division of Co			
HGRC HO	OUSING, LLC		
, , , , , , , , , , , , , , , , , , ,	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	KENNETH FITZEMEYE	R	
		Name of Person	
	HGRC HOUSING, LLC		
	· · · · · · ·	Firm/Company	
	1721 SE 17TH STREET	, UNIT 744	
		Address	
	FORT LAUDERDALE, F	FL 33316	
	MENDIR@HOPEANDGF	City/State and Zip Code RACERECOVERY.COM	
	E-mail address: (to be used for future annual report notifi	cation)
For further information	concerning this matter, please ca	all:	
MENDI RIGGINS		754 2163338	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 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

HGRC HOUSING, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	iny as it now appears on our records.) Liability Company)	 _
he Articles of Organization for this Limited Liability Company	were filed on 03/16/2016	and assigned
lorida document number L16000057423		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbrev	iation "L.L.C."
nter new principal offices address, if applicable:	1721 SE 17TH STREET	98.00 SE
Principal office address MUST BE A STREET ADDRESS)	UNIT 744	SEP
	FORT LAUDERDALE, FLORIDA 33316	<u> </u>
nter new mailing address, if applicable:		AM 10:
Mailing address MAY BE A POST OFFICE BOX)		35
. If amending the registered agent and/or registered of	ffice address on our records, enter the	name of the
egistered agent and/or the new registered office address her		
Name of New Registered Agent:		<u></u>
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zin Cada
		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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			☐ Change
			Add
			Remove
			☐ Change
	 		
			Remove
			Change
			Add
			☐ Remove
			☐ Change
<u></u> .			Add
			□ Remove
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			Remove
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fective date, if other than the date of filing an effective date is listed, the date must be specific are ote: If the date inserted in this block does not be cument's effective date on the Department of	meet the applic	able statutory	or more than 90 filing requiren	days after filing. nents, this date) Pursuant to will not be	605.03 listed
record specifies a delayed effective The 90th day after the record is filed		t an effectiv	ve time, at	12:01 a.m.	on the ea	ırlier
AUGUST 29TH	, 2018					
A.				er		

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Filing Fee: \$25.00