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TALLAHASSEF STATE



COVER LETTER

Divis	sion of Corp	porations			
SUBJECT:	, HPH Manag	gement LLC			
Sobject.		Name of Limi	ited Liability Company		
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return a	all correspor	ndence concerning this matter	to the following:		
		Jean-Philippe Hachet			
Name of Person					
		HPH Management			
			Firm/Company		
		1016 Guava Isle			
		······································	Address		
		Fort Lauderdale Fl, 33315			
			City/State and Zip Code		
jhachet@outllook.com		Zo 2			
		E-mail address: (1	to be used for future annual report notific	1 (1) HATO	(Ladans
For further in	formation co	oncerning this matter, please ca	all:	ARE AUG	1 1
Jean- Philipp	e Hachet		954 218-1122 at ()	is to the second of the secon	
	Name of	Person	Area Code Daytime 7	Celephone Number	J
Enclosed is a	check for th	e following amount:		が 第65 年 プ	
		•	These on riting resident	E #60.00 Elling Eng	
■ \$25.00 Fi	nng ree	□ \$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:

TO:

Registration Section

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

TO ARTICLES OF ORGANIZATION OF

HPH Management LLC		
(<u>Name of the Limited I</u> (A l	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
I 16000073001	lity Company were filed on	and assigned
This amendment is submitted to amend the following	ng:	
(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		
he new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	X)	
		至2
		A series manual
3. If amending the registered agent and/or	registered office address on our records, ento	er the name of the n
egistered agent and/or the new registered office	address here:	CO TO
Name of New Registered Agent:		
Nume of New Registered Argent.		W.M
New Registered Office Address:		1.32 4-7 31-
	Enter Florida street address	
	, Florida	
-	City	Zin 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Jean-Philippe Hachet	1016 Guava Isle	Add
		Fort Lauderdale Fl ,33315	□ Remove
			☐ Change
			
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(If an effect Note: If	e date, if other than the date of filing:	filing.) Pursuant to 605	5.0207 (ed as t
	rd specifies a delayed effective date, but not an effective time, at 12:01 at 0th day after the record is filed.	a.m. on the earli	er of:
Dated _	July 15 2016		
Dateu	+		
	signature of a member or authorized representative of a member		
	•		
	Jean- Philippe Hachet Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00