

Florida Department of State

Division of Corporations

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : US TAX CONSULTING INC
Account Number : I20160000060
Phone : (407)674-8969
Fax Number : (407)674-8970

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VKA INVESTMENTS HOUSE LLC

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
VKA INVESTMENTS HOUSE LLC**

The Articles of Organization for this Florida Limited Liability Company were filed on 04/26/2016 and assigned Florida document number .

Florida document number: L16000081977.

Article I

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

HHTEC LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Article II

Enter new principal offices address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

5401 S KIRKMNA RD STE 135, ORLANDO FL, 32819 US

Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

5401 S KIRKMNA RD STE 135, ORLANDO FL, 32819 US

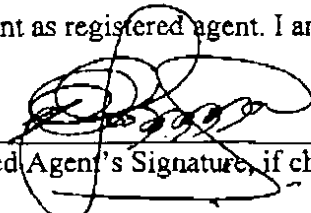
Article IV

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: US TAX CONSULTING INC

New Registered Office Address: 5401 S KIRKMAN RD STE 135, ORLANDO FL 32819

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



New Registered Agent's Signature, if changing 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
AMBR	VIEIRA DE FREITAS, MARCIA	3111 N UNIVERSITY DR STE 105	REMOVE <input type="checkbox"/>
		CORAL SPRING FL 33065	ADD <input checked="" type="checkbox"/>

Title	Name	Address	Type of Action
AMBR	DE FREITAS CASTRO, KAREN	3111 N UNIVERSITY DR STE 105	REMOVE <input checked="" type="checkbox"/>
		CORAL SPRING FL 33065	ADD <input type="checkbox"/>

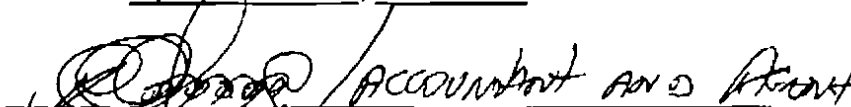
Title	Name	Address	Type of Action
AMBR	DE CASTRO, MICHEL R	3111 N UNIVERSITY DR STE 105	REMOVE <input checked="" type="checkbox"/>
		CORAL SPRING FL 33065	ADD <input type="checkbox"/>

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

D. Effective date, if other than the date of filing: (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

DATED: April 18, 2019


 Signature of a member or authorized representative of a member

RODRIGO CAVALCANTE
 Typed or printed name of signee

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