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| (Re | equestor's Name) | |
|---|--------------------|-----------|
| (Address) | | |
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| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | usiness Entity Nan | ne) |
| (Document Number) | | |
| Certified Copies | _ Certificates | of Status |
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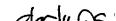
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COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: # HD Acquisitions, U | <u>lC</u> |
| Name of Limited Liability Compa | any |
| | 201 1 |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. | AHA? |
| Please return all correspondence concerning this matter to the following: | 2016 AUG 23 |
| Albert Man Name of Pers | suffice 2 2 |
| ATS Acquisi | tions. LC |
| 475 KSL NW= | £524 |
| Washington I | C 20001 |
| E-mail address: (to be used for future | fins@amail.com |
| For further information concerning this matter, please call: | |
| Albert My Jeffre at (202 | -) 489-7507 |
| Name of Person Area Co. | ode Daytime Telephone Number |
| Enclosed is a check for the following amount: | |
| \$ \$25.00 Filing Fee \$ \$30.00 Filing Fee & Certificate of Status Certified C (additional continuous form) | |
| MAILING ADDRESS: ST Registration Section Re Division of Corporations Di P.O. Box 6327 CI | TREET/COURIER ADDRESS: Legistration Section Division of Corporations Clifton Building 661 Executive Center Circle |
| | Fallahassee, FL 32301 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability). (A Florida/Li | Company as it now appears on our | records.) |
|---|--------------------------------------|--------------------------------------|
| The Articles of Organization for this Limited Liability Com Florida document number | | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | d liability company here: | |
| The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable: | d Liability Company," the designatio | n "LLC" or the abbreviation "L.L.C." |
| (Principal office address MUST BE A STREET ADDRES | SS) | |
| | | 78 6 |
| Enter new mailing address, if applicable: | | NIG 23 |
| (Mailing address MAY BE A POST OFFICE BOX) | | THE BETTER |
| B. If amending the registered agent and/or register | red office address on our r | |
| registered agent and/or the new registered office addres | ss here: | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida stree | t address |
| | Enter riorida stree | |
| | City | , Florida 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 <u>Title</u> <u>Name</u> **Address Type of Action** Change □ Add Change □ Add ☐ Remove ☐ Change □ Add 5 Change ☐ Remove ☐ Change □ Add □ Remove

☐ Change

| changing our title from "PTE" to "AMBR" |
|--|
| changing our title statem "PTR" to "AWBR" |
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| |
| Effective date, if other than the date of filing: [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) 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. |
| the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed. |
| Dated August 22, 2016. |
| Signature of a member or authorized representative of a member |
| Typed of printed name of signee |

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

Page 3 of 3

Filing Fee: \$25.00