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SECRETARY OF STATE
SECRETARY OF STATE

D. **SCOTT**NOV 2 2016

### **COVER LETTER**

Division of Corporations
SUBJECT: HI-TECH BuilDING RESOURCES LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
JOHN F. PARELL Name of Person
HI-TECH BuilDING RESOURCES LLC Firm/Company
3233 NE 31ST AVE.
Lighthouse Point FL. 33064 City/State and Zip Code
TPARELL DYAHOO. COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
For further information concerning this matter, please call:    Tohn   Pare LL   at (954)   778-7050   To Parent
Enclosed is a check for the following amount:
S25.00 Filing Fee Satus Securificate of Status Certified Copy (additional copy is enclosed)  S25.00 Filing Fee Satus Securificate of Status Securificate of Status Securificate of Status Securificate Copy (additional copy is enclosed)

Registration Section

TO:

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

## TO ARTICLES OF ORGANIZATION OF

Mame of the Limited Liability Comp (A Florida Limited	G RESOURCES	
(A Florida Limited (A Florida Limited	l Liability Company)	<u>.</u> /
The Articles of Organization for this Limited Liability Compan	y were filed on $06/22$	2016 and assigned
Torida document number ~ 100007 206 20.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
5AM E		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3AME	
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAM E	FILED PAIR SECRETAINS OF STA
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records ere:	, enter the name of the nev
Name of New Registered Agent:	54 m E 54 n E	
New Registered Office Address:	54n E Enter Florida street address	
	, Fic	orida
	City	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

### or removed from our records:

' MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	RAFEL DRADRACH	3225 NE 13 57.	Add
		UNIT 203	Remove
		Pompano BEACH, FL. 3	3062 Change
<del></del>			Add
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			S. I. Remove
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			Remove
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Effec If an e	tive date, if other than the date of filing: (USE FILING DATE) (optional)  frective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuam to 605.0207
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date—will not it listed as
docu	ment's effective date on the Department of State's records.
	는 Reg C T
he r	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
Th	e 90th day after the record is filed.
	TO THE PROPERTY OF THE PROPERT
12.4.	0 To A & A 3 To A & A
Date	e 90th day after the record is filed.  HOSTAR 25 2016
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Organizate of a memory of authorized representative of a memor
	Tu / Papell
	JOHN F. PARELL  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00