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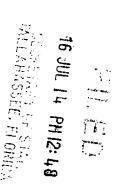
(Re	equestor's Name)	
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COVER LETTER

Division of Corp			
SUBJECT: HSH	Name of Limited Liability Company rticles of Amendment and fee(s) are submitted for filing. I correspondence concerning this matter to the following: Michael J. Star Name of Person Firm/Company 2422 South Atlantic Avenue Address Daytona Beach Shores, FL 32/18 City/State and Zip Code abofaris 47 & Yahoo com E-mail address: (to be used for future annual report notification) rmation concerning this matter, please call: Luce P. Star Name of Person at (386), 453-1383 Name of Person Daytime Telephone Number		
	Name of Lin	nited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	emitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Micha	aelo. Star	
		Name of Person	
		Firm/Company	
	2422 5	outh Atlantic A	venue
		Address	
	Daytona E	beach Shores, FL	32/18
		City/State and Zip Code	
	<u>abofari</u>	5 47 @ Yahoo Con	(fication)
For further information con			
Michael	D. Star	at (386) 453 -	1383
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	following amount:		
S25.00 Filing Fee			

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

HSH Transpora	
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) orda Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number	· . · · ·
This amendment is submitted to amend the following	; ;
A. If amending name, enter the new name of the l	Limited liability company here: Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD	(DRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our records, enter the name of the new
Name of New Registered Agent:	7 7 13
New Registered Office Address:	Enter Florida street address
	, Florida

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** ☐ Add _□ Remove _□ Change □ Add ☐ Remove _□ Change _□ Add TALLAHASSEE, FIORIDA

Remove ☐ Change □ Add ☐ Remove _□ Change _□ Add ☐ Remove _□ Change

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				ORID:	- 6	
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be poster. If the date inserted in this block does not meet the applicament's effective date on the Department of State's reco	prior to date of oplicable statu	filing or more than utory filing require	(optional 90 days after filing ements, this date	g.) Pursuan	t to 605. be liste	.0207 ed as
e record specifies a delayed effective date, but The 90th day after the record is filed.	not an eff	fective time, a	t 12:01 a.m.	on the	earlie	er of
Dated July 12, 2016	<u>6</u>					
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Dated July 12 , John Signature of a member or a	· Hasa	M	,			

Page 3 of 3

Filing Fee: \$25.00