L17000040715

(Re	equestor's Name)	
(Ac	idress)	·
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
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COVER LETTER

то:	Registration Sec Division of Corp			
CTIDI		1A HUSTON 10 MARSHALL	LLC	
SUBJ	JECT:	Name of Lim	ited Liability Company	
The e	enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please	e return all correspon	ndence concerning this matter	to the following:	
		DANY ABRAHAM		
		-	Name of Person	
		KSDT & COMPANY		
			Firm/Company	
		1625 N COMMERCE PKV	WY SUITE 315	
			Address	
		WESTON, FL, 33326		
			City/State and Zip Code	
		DABRAHAM@KSDT-CPA		
		E-mail address. (to be used for future annual report notif	ication)
For fi	urther information co	oncerning this matter, please ca	all:	
DAN	YABRAHAM		305-670- 3370 at (
	Name of	Person	at () Area Code Daytime	e Telephone Number
Enclo	sed is a check for th	e following amount:		
■ \$2	25.00 Filing Fee	□ \$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:

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

HAGSHAMA HUSTON 10 MARSHALL LL	C	
(Name of the Limited Liability (A Florida)	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on FEB-21-2017	and assigned
Florida document number L17000040715	_•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
HAGSHAMA HOUSTON 10 MARSHALL LLC		
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
		<u> </u>
		The state of the s
Enter new mailing address, if applicable:		The same
(Mailing address MAY BE A POST OFFICE BOX)		d on FEB-21-2017 and assigned and assigned pany here:
		and the second
		i,
B. If amending the registered agent and/or registered	ered office address on our records, <u>er</u>	nter the name of the new
registered agent and/or the new registered office addre	ess nere:	
Name of New Projectored Agents	•	
Name of New Registered Agent:		
New Registered Office Address:	Estan Elavida atreat address	
	ismer r iorida sireci address	
		a
	City .	гір Соае

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

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
			☐ Add
			☐ Remove
			☐ Change
			Add
		·	Remove
			☐ Ghange
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ective date, if other than a effective date is listed, the date	the date of filit must be specific at	ng:	to date of filing or	more than 90 days at	tional) ter filing.) Pursuant	to 605.02
te: If the date inserted in the cument's effective date on the	s block does not	meet the applic	able statutory fil	ing requirements, t	his date will not	oe listed a
record specifies a dela he 90th day after the			t an effective	time, at 12:01	. a.m. on the	earlier
red FEB-27		2017	_			
		. ,	D			
		<		ve of a member		

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Typed or printed name of signee

Filing Fee: \$25.00