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| (Req | questor's Name) | |
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| (Add | lress) | |
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| PICK-UP | WAIT | MAIL |
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| (Doc | cument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Hi-Rey 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: |
| Jesse Friedman |
| Hi-Dez Ll(Firm/Company |
| 11174 NW 65th Ct |
| Parkland, FL, 33076 |
| City/State and Zip Code Nirezchannel (Agmail. Lom E-mail address: (to be used for future annual report potification) |
| For further information concerning this matter, please call: |
| Sesse Friedrich at (954) 857 1848 Name of Person at (954) Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| ■ \$25.00 Filing Fee |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (<u>Name of the Limited Liability</u> (A Florida | Y Company as it now appears on our a Limited Liability Company) | records.) |
|--|--|------------------------------------|
| The Articles of Organization for this Limited Liability Co | ompany were filed on | and assigned |
| Florida document number | _ • | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limit | ed liability company here: | |
| 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 ADDRE | ESS) | |
| | | *** |
| Patrician Wards Co. P. II | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | \$50 m |
| | | |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office addresses | | |
| registered agent and/of the new registered office address | ess nere: | |
| Name of New Registered Agent: | | · |
| New Registered Office Address: | • | |
| | Enter Florida street c | uldress |
| | | _, Florida |
| - | 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 = Max AMBR = Aa | anager uthorized Member | | |
|---------------------|----------------------------|---------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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|). If amen | iding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|-------------|--|
| | would like to change the |
| | effective date of my /LC |
| | to ASAP instead of Auly 15th |
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| E. Effectiv | ve date, if other than the date of filing: (optional) |
| Note: 1 | ctive 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)(I fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the |
| docume | ent's effective date on the Department of State's records. |
| f the ree | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: |
| | 90th day after the record is filed. |
| | |
| Dated_ | |
| | |
| | Fignature of a member or authorized representative of a member |
| | Jesse Friedman |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00