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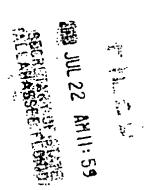
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

TO:

Registration Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Co	rporations		
SUBJECT: H25	4 DEAL ESTATE	TWESTHEUTS LL	·
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	The state of the s
Please return all corresp	ondence concerning this matter	to the following:	
		DHENNY WEINEZ Name of Person	
	HPM ZEAR EZ	STATE JWESTMEN	TS LLC
	5600 <u>vw</u> 72	AUE # 1067898 MIAN	ग त उडाए०
	MIRMI	F1 33166 City/State and Zip Code	
	E-mail address: (O C smartors - US.	cation)
For further information	concerning this matter, please ca	all:	
JOHENK	M MARTINEZ	at $(\frac{780}{\text{Area Code}})$ $\frac{354}{\text{Daytime}}$	5411
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
₩ \$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)
	LING ADDRESS: tration Section	STREET/COURING Registration Section	

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ARTICLES OF ORGANIZATION 💸 🧷
OF OF
HEM ZEAL ESTATE INVESTMENTS LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on $\frac{0.5 30 2017}{17000118699}$ and assigning
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited 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 ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name AMAZING UCW HOMES	Address	Type of Action
<u> 462</u>	INVESTMENTS OF SOUTH FLORING LLC	5600 UW 72AVE # 667898	
		MIRMI F1 33166.	PRemove
			Change
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f an eff Note:	ive date, if other than the date of filing:
	ford 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	JULY 18 . 2019.
	Signature of a member of authorized percentative of a member
	Signady you a member of animator of a member of

Page 3 of 3

Filing Fee: \$25.00