

L17000143701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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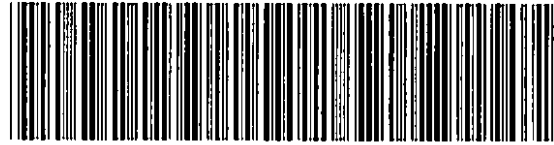
(Business Entity Name)

(Document Number)

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CAPITAL CONNECTION, INC.

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HITU INVESTMENTS I LLC

Please Debit FCA000000003 For: 25

Thank you Seth Neeley



Signature

Requested by: seth

Name

Date

Time

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____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
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____ Trade/Service Mark _____
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____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

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

FILED

HITU INVESTMENTS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2023 JUL 14 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on July 3, 2017 and assigned
Florida document number L17000143701.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

HITU INVESTMENTS 1, LLC

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)

1000 Brickell Avenue

Suite 300

Miami, FL 33131

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1000 Brickell Avenue

Suite 300

Miami, FL 33131

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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Higuera, Maria M	507 SW Lake Manatee Way	<input type="checkbox"/> Add
		Port Saint Lucie, FL 34986-1775	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Higuera, Fernando	507 SW Lake Manatee Way	<input type="checkbox"/> Add
		Port Saint Lucie, FL 34986-1775	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Turbay, Martha Luz	507 SW Lake Manatee Way	<input type="checkbox"/> Add
		Port Saint Lucie, FL 34986-1775	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HITU INVESTMENTS, LLC	1000 Brickell Avenue	<input checked="" type="checkbox"/> Add
		Suite 300	<input type="checkbox"/> Remove
		Miami, FL 33131	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change


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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

(If an effective 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)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

July 14, 2023



Signature of a member or authorized representative of a member

Robert R. Adams, Authorized Representative

Typed or printed name of signee

Robert R. Adams, Authorized Representative

Typed or printed name of signee

Filing Fee: \$25.00