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## COVER LETTER

TO:	Registration Se Division of Cor				
CI (D IC		PERTIES LLC			
SUBJE	CI:	Name of Lim	ited Liability Compan	,	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please r	eturn all correspo	ondence concerning this matter	to the following:		
		DENNIS J DIORIO			
			Name of Person		<del></del>
		HJX PROPERTIES LLC			
			Firm/Company		
		105 CYPRESS DRIVE			
			Address		
		KINGS PARK. NY 11754			
			City/State and Zip C	ode	· .
		DENNIS.DIORIO@GMAI			<u> </u>
D- 6 4			to be used for future an	hual report notific	cation)
ror iurti	ner information c	oncerning this matter, please ca	all:		
DENNI	S DIORIO		631 at (	327-5403	
	Name o	f Person	Area Code	Daytime 1	Telephone Number
Enclose	d is a check for th	he following amount:			
\$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing I Certified Cop (additional copy	<b>,</b>	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	Regi Divi: Clift 2661	EET/COURIE stration Section sion of Corporat on Building Executive Cent hassee, FL 3230	ions er Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HJX PROPER'	TIES ILC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L17000158194  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liab	were filed on JULY 24, 2017	and assigned
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	105 CYPRESS DRIVE	
Principal office address MUST BE A STREET ADDRESS)	KINGS PARK, NY 11754	. d.
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		CRETARY OF STATE LAHASSEE. FLORIDA FEB 15 PM 7: 36 ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
hereby accept the appointment as registered agent and agree or ovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I a provided for in Chapter 605, F.S. (	m familiar with and Or, if this document is

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If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the or removed from our records:		to manage, enter the title, name, and ad	dress of each person being added
	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGMR	CHET FINKBEINER	3505 Veterars Hwy, Ste D	□ Add
		Ronkonkoma, NY 11779	■ Remove
			□ Change
MGMR	DENNIS J DINORIO	105 Cypress Drive	<b>■</b> Add
		Kings Park, NY 11754	Remove
			Change
	<del></del>	_	
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ctive date, if other than the da	ite of filing;	oruary 13, 2018	ı	(optional)	
effective date is listed, the date must be: If the date inserted in this block	s does not meet th	ne applicable sta	of filing or more that sturory filing requ	n 90 days after filing.) Frements, this date	Pursuant to 605.0207 will not be listed as
ament's effective date on the Depa	artment of State's	records.			
ecord specifies a delayed e	ffective date.	but not an e	effective time.	at 12:01 a.m. <i>c</i>	on the earlier of
ne 90th day after the recor	d is filed.		,		
February 13	201	18			
ed	•				
	/				
Si	gnature of a membe	er or authorized re	presentative of a m	ember	

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Filing Fee: \$25.00