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COVER LETTER

HYDE 1616 LLC SUBJECT: 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: Victor Badell, Esq. Name of Person BADELL OFFICES LLC Firm/Company 350 S Miami Ave, Suite A Address Miami, Florida, 33130 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Victor Badell Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

111 DE 1010 LLC.	
(<u>Name of the Limited I</u> (A l	<u>liability Company as it now appears on our records.)</u> lorida Limited Liability Company)
The Articles of Organization for this Limited Liabi	lity Company were filed on 11/10/2017 and assigned
Florida document number L17000232806	
This amendment is submitted to amend the followi	ng:
A. If amending name, enter the new name of th	e limited liability company here:
HIDE 1616 LLC	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:
(Principal office address MUST BE A STREET A	(DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	Λ)
	: 23
B. If amending the registered agent and/or	registered office address on our records, enter the name of the n
registered agent and/or the new registered office	
Name of New Registered Agent:	
-	
New Registered Office Address:	Enter Florida street address
	Emer i un ida xircei adaress
-	, 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:

	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
 			
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