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DIVISION OF CORPORATIONS

N COOPER MAY 1 7 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: H+I Truestments UC Name of Limited Liability Company
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:
TIA Abeuhin
H+ I Investments UC Firm/Company
Firm/Company
10180 SW 19 C+
Address
Plantation, From 33324
City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code F-mail address: (to be used for future annual report politication)
For further information concerning this matter, please call:
Trans Aben ham at (35) 797-0388 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee S25.00 Filing Fee Fee S25.00 Filing Fee Fee S25.00 Filing Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe

MAILING ADDRESS:

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

H+I Invest	ments UC
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here:
The new name must be distinguishable and contain the words "Limitation of the contain the contain the words "Limitation of the contain the	ited Liability Company," the designation "LEC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	RESS)
Enter new mailing address, if applicable:	SECRETURE TO THE MAY
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	tered office address on our records, enter the name of the respective terms here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	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>	Name	Address	Type of Action
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ective date, if other	r than the date of filin	ng:	(op filing or more than 90 days a	otional)
effective date is listed e: If the date insert	, the date must be specific an ed in this block does not	id cannot be prior to date of meet the applicable stat	filing or more than 90 days a utory filing requirements,	fter filing.) Pursuant to 605. this date will not be liste
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record specifies he 90th dav aft	a delayed effective er the record is filed	date, but not an ef	fective time, at 12:0	l a.m. on the earlie
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		member or authorized rep		

Page 3 of 3

Filing Fee: \$25.00