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| (1 | Requestor's Name) |
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| (| Address) |
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| PICK-UP | ☐ WAIT ☐ MAIL |
| | Business Entity Name) |
| | Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions | to Filing Officer: |
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COVER LETTER

| | STMENTS MIAMILLO | | |
|----------------------------|-----------------------------------|--|-------------------------|
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for tiling. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Grisel Morales, Esq. | | |
| | Law Offices of Grisel Mor | Name of Person ales, P.A. | |
| | | | |
| | Miami, Florida 33173 | Name of Person Orales, P.A. Firm/Company Address City/State and Zip Code (to be used for future annual report notification) call: 305 403-0641 at () Area Code Daytime Telephone Number S55.00 Filing Fee & Certificate of Status & Certified Copy tadditional copy is enclosed) Certified Copy (Certified Copy Certificate Of Status & Certified Copy Certificate Of Status & Certified Copy Certified Copy Certified Copy Certified Copy | |
| | Name of Person | City/State and Zip Code | |
| | E-mail address; () | to be used for future annual report notifi | ication) |
| For further information of | concerning this matter, please co | all: | |
| Grisel Morales | | | |
| Name o | of Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| ■ \$25.00 Filing Fee | | Certified Copy | Certificate of Status & |

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

| HC INVESTMENTS MIAMI LLC | | | S T |
|--|---|---|---|
| (Name of the Limi | ted Liability Compa (A Florida Limited I | ny as il now appears on our i Liability Company) | records.) |
| The Articles of Organization for this Limited L Florida document number | iability Company | were filed on January 12. | 2018 SSE Project assigned FA |
| This amendment is submitted to amend the foll | owing: | | 1 |
| A. If amending name, enter the new name of SELINNOVATIONS LLC | f the limited liab | ility company here: | |
| The new name must be distinguishable and contain the | vords "Limited Liabil | lity 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) | | 7355 SW 87th Avenue | |
| | | Suite 200 | |
| Tracipa office data ess in Ost Diz A STREE | <u> </u> | Miami, Florida 33173 | · · · · · · · · · · · · · · · · · · · |
| Enter new mailing address, if applicable: | | 7355 SW 87th Avenue | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | Suite 200 | |
| | _ | Miami, Florida 33173 | |
| B. If amending the registered agent and registered agent and/or the new registered o | | | cords, <u>enter the name of the new</u> |
| Name of New Registered Agent: | Law Offices of | Grisel Morales, P.A. | |
| New Registered Office Address: | 7355 SW 87th | Avenue, Suite 200 | |
| · · · · · · · · · · · · · · · · · · · | | Enter Florida street e | address |
| | Miami | | _, Florida ³³¹⁷³ |
| | | 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> | Address | <u>Type of Action</u> |
|--------------|------------------|---|-----------------------|
| AMBR | Giovani Herrera | | □ Add |
| | | 300 Sevilla Ave Ste 301 Coral Gables, FL 33134 | LI AGU |
| | | Cotal Crawles, 117,5,7154 | ■ Remove |
| | | | Change |
| AMBR | Mario B. Cabrera | | |
| | | | □ Remove |
| | | 7355 SW 87th Avenue Suite 200 Miami, Florida 33173 | ■ Change |
| AMBR | Victor Dopico | 7355 SW 87th Avenue Suite 200 Miami, Florida 33173 | |
| | | | Add |
| | | | □ Remove |
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| ffective date, if other than the factive date is listed, the date made in this because if the date inserted in this becoment's effective date on the I | ust be specific and block does not r | d cannot be prior t meet the applica | o date of filing or m | ore than 90 days after | onal) r filing.) Pursuant to s date will not be | i 605.0207 · listed as |
| e record specifies a delaye The 90th day after the re | | | an effective t | ime, at 12:01 | a.m. on the e | arlier o |
| October 5 | | 2018 | | | 75. 2 | |
| | Un | selVII | mel | | 2018 OCT SEURCIA TALLA | —————————————————————————————————————— |
| Grisel Morales, Esq., A | | O | Wed representative | or a incliner | 15 PM | 77 |
| | | | | | 1 1 1 | - 7 |

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Filing Fee: \$25.00