# 118000027285

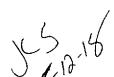
Office Use Only



700314475387

06/11/18--01015--005 \*\*30.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA



# **COVER LETTER**

Division of Corporations
SUBJECT: HG&H HCCOINGS, LLC  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:
EDGAR J. GONZalez
HG&H HOLDINGS, LCC
1723 N. SHATE Rd 7
MARGATE E. 33063  City/State and Zip Code  A+C 4 EDGAM & GWAK COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
FOGAR J. GONZZIEZ at 954 868-7942  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \t

## MAILING ADDRESS:

TO:

Registration Section

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**

HGI & H HOLDIN  (Name of the Limited Liability Compan (A Florida Limited Li		
The Articles of Organization for this Limited Liability Company v Florida document number <u>L J 800002728</u> 5	were filed on 1130 118	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil  HG&HDeveloPMEN	TGROUP, LC	·
The new name must be distinguishable and contain the words "Limited Liabilion of the contain the contain the words "Limited Liabilion of the contain the conta	ty Company, the designation LLC of the above	# FEG
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		AL ALA
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	PR 1: 22
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ne name of the new
Name of New Registered Agent:	NIA	
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 or removed	g Authorized Person(s) au   from our records:	thorized to manage, <u>enter the title, name,</u>	and address of each person being added
MGR = N	•	NIA	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
		<del></del>	Remove
			□ Change
			□ Remove
			Change
			Add A A A A A A A A A A A A A A A A A A
			□ Remove (No. 2)
			Character Charac
			□ Remove
			☐ Change
			□ Add
		<del></del>	Remove

\_□ Change

		NI	H			
<u> </u>			<u> </u>	_		
	.,					
	<del></del> -					
			<del></del>			
					· · · · · · · · · · · · · · · · · · ·	
					,	
						S
	<u>.</u>		<del> </del>			
						<del>-3</del>
						<u>حد</u> میر <sub>:</sub>
						23
_						_ <b>&gt;</b>
<del></del>						
ective date, if otl	her than the date o	f filing:	Tion to day of filips.	(op	tional) for filing \ Pursuant	to 605 0200
te: If the date inse	erted in this block doc	is not meet the ar	oplicable statutory f	iling requirements, t	his date will not	ne listed as
cument's effective	date on the Departme	ent of State's reco	ords.			
record specifie	s a delayed effec	tive date, but	t not an effectiv	e time, at 12:01	a.m. on the	earlier o
he 90th day af	ter the record is	filed.				
		_				
ted $\frac{\sqrt{\mathcal{V}}}{2}$	NE 5	<u>20</u>	<u>18</u> .			
	$\bigcirc$	1.4	/ / /		47)	
	NE 5	8.4	orgalaz	MG	R	
	Signatu	retora member or	authorized representa	give of a member		
	6			raser		

Page 3 of 3

Filing Fee: \$25.00