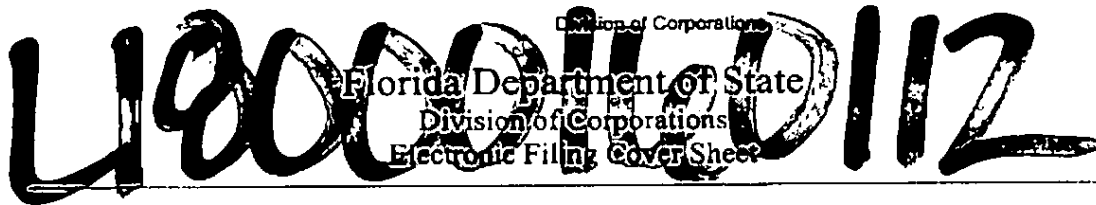


10/31/2018



Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H18000315327 3)))



H180003153273ABC/

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : ASLAN TAX SERVICES INC  
Account Number : 120140000082  
Phone : (305)644-9144  
Fax Number : (786)477-5802

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

2018 NOV - 1 AM 9:39  
 FLORIDA DEPARTMENT OF STATE  
 TALLAHASSEE, FL  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
HH DEVELOPERS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2018 NOV - 1 AM 10:23

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NOV - 2

S. PRATHER

**COVER LETTER**

H180003153273

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HH DEVELOPERS 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:

Ernesto Sanchez

Name of Person

Aslan Affiliates LLC

Firm/Company

762 SW 18 Avenue

Address

Miami, FL 33135

City/State and Zip Code

ernesto@aslantax service.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ernesto Sanchez

at ( 786 ) 200-6141

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee      ☐ \$30.00 Filing Fee & Certificate of Status      ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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

H180003153273

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1180003153273

HH DEVELOPERS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/02/2018

Florida document number L18000160112

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

762 SW 18 Avenue

Miami, FL 33135

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

762 SW 18 Avenue

Miami, FL 33135

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Asian Affiliates LLC

New Registered Office Address:

762 SW 18 Avenue

Enter Florida street address

Miami

City

Florida 33135

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

1180003153273

2018 NOV -1 AM 9:39  
CLERK OF STATE  
TALLAHASSEE, FL

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**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

H180003153273

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Ariel Damian Szaiber	762 SW 18 Avenue	<input checked="" type="checkbox"/> Add
		Miami, FL 33135	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HH REALTY GROUP, LLC	2601 NE 212TH TERRACE UNIT 107	<input type="checkbox"/> Add
		Miami, FL 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H180003153273

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

4180003153273

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated October 29 2018

Signature of a member or authorized representative of a member

Ariel Damian Szaiber

Typed or printed name of signee

Page 3 of 3

**Filing Fee: \$25.00**

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FL

4180003153273