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Special Instructions to	Filing Officer:	

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	хх	FILING	LLC AMEND		
1.		HGS Trust LLC (CORPORATE NAME AND DOCUMEN	T #)		
2.		(CORPORATE NAME AND DOCUMEN	T'#)		
3.		(CORPORATE NAME AND DOCUMEN	T#)		
4.		(CORPORATE NAME AND DOCUMEN	Γ#)		
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6.		(CORPORATE NAME AND DOCUMEN	T #)		
SPI	SPECIAL INSTRUCTIONS:				
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HGS Trust LLC		
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili	ty Company were filed on November 15, 2018	and assigned
Florida document number L18000265157		
This amendment is submitted to amend the following	g:	
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 al	obreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or r	egistered office address on our records, enter	The name of the
egistered agent and/or the new registered office :	address here:	NOV 2
Name of New Registered Agent:		SET I
New Registered Office Address:	Enter Florida street address	<u> </u>
		21 RADA
-	, Florida	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	Type of Action
	See Attached		
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ective date, if other than the o	late of filings			(01)	otional)	
n effective date is listed, the date must te: If the date inserted in this blo cument's effective date on the De	be specific and cam ck does not meet	iot be prior to c the applicable	late of filing or me e statutory filing	ore than 90 days at	ler filing.) Pursua	nt to 605,020 t be listed (
record specifies a delayed The 90th day after the reco		, but not a	n effective t	me, at 12:01	La.m. on the	e earlier (
November 27.	. 20	018				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00

Title:	Name and Address:	
John Scoville, Trustee Homer G. Scoville Trust dated 1/15/10	I 150 Via Privada Escondido, California 92029	Add as AMBR
John Scoville MGR	1150 Via Privada Escondido, California 92029	Remove as AMBR
Homer G. Scoville Mrtl Tr fbo Patricia Scoville -AMBR	1150 Via Privada	Remove as AMBR
	Escondido, California 92029	
Homer G. Scoville Trust fbo Leslie Murphy -AMBR	l 150 Via Privada	Remove as AMBR
	Escondido, California 92029	
Homer G. Scoville Trust fbo Jake Scoville -AMBR	1150 Via Privada Escondido, California 92029	Remove as AMBR
Homer G. Scoville Trust fbo John Harris Scoville -AMBR	1150 Via Privada	Remove as AMBR
	Escondido, California 92029	
Homer G. Scoville Trust fbo Alexandra Scoville -AMBR	1150 Via Privada	Remove as AMBR
	Escondido, California 92029	
Emily Scoville -AMBR	1150 Via Privada Escondido, California 92029	Remove as AMBR
Arianne DiBattista -AMBR	1150 Via Privada Escondido, California 92029	Remove as AMBR

SECRETARY OF STATE TALLAHASSEE, FLORIDA

