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Division of Corporations

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: (850)617-6383

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242

Phone

: (215)563-8113

Fax Number

: (215)977-9386

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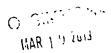
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HS POMPANO BEACH, LLC

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## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

HS Pompano Beach LLC	·
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on November 21, 2018 and assigned
Florida document number L18000270194	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
HS Fort Lauderdale LLC	
The new name must be distinguishable and contain the words "Li	imited 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 ADD	DRESS)
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	Electrical Control of the Control of
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	音点 の
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	gistered office address on our records, enter the name of the ne idress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florido street address
	, Florida
	City 22p Cont

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

Page 1 of 3

rom:	M.	BURR	KEIM	co
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Fax: 12159779386

To:

Fax: (850) 617-6383

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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			
Title	Name	Address	Type of Action
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. Effective date, if other than (If an effective date is listed, the date	the date of filing	g:	4-4	(or	otional)	to 605 02	) (17 C
Note: If the date inserted in the document's effective date on the	is block does not r	neet the applicat	ole statutory filin	g requirements,	this date will no	ot be listed	as th
the record specifies a dela b) The 90th day after the	nyed effective of record is filed.	date, but not	an effective t	ime, at 12:0	1 a.m. on th	e earlier	of:
Doted March 15	th	<b>20</b> 19					
Dated		•	-·				
Louis	Signature of a	member or author	ized representative	of a member		<del></del>	
James Egan, Autho	t		-				
		Typed or printer	name of signor		<del></del>	<del></del>	

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