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COVER LETTER

Division of Corp			
SUBJECT: H3 St. Augu	istine, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Michael M. Bajalia, Esq.		
	Bajalia Law Office, P.A.	Name of Person	
		Firm/Company	
	11512 Lake Mead Avenue	, Suite 301	
		Address	
	Jacksonville, FL 32256		
	mbajalia@bajalialawoffice.	City/State and Zip Code com	***
	E-mail address: (to be used for future annual report notifica	tion)
For further information co	oncerning this matter, please co	all:	
Michael M. Bajalia, Esq.		904 352-1121 at ()	
Name of	Person	Area Code Daytime T	elephone Number
Enclosed is a check for th	e 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)
	ING ADDRESS:	STREET/COURIER Registration Section	A ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H3 St. Augustine, 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 12/27/2018 and assigned Florida document number L18000292339 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 above Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address . Florida 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 Address <u>Title</u> <u>Name</u> Type of Action MGR Joe J. Hassan 7200 Blanding Blvd. Jacksonville, FL 32244 Remove ☐ Change MGR Joey Hassan 7200 Blanding Blvd. **₽** ∧dd Jacksonville, FL 32244 □ Remove Change Remove 7 ó Add Remove Change | 🗖 Add Remove h Change □ Add Remove Change

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	Signature of a member or auti	horized representative of a	member	
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Jack Y. Hanania, Me				

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Filing Fee: \$25.00