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## **COVER LETTER**

TO: Registration Sec Division of Corp				
SUBJECT: Hin	185 Logistic	ited Liability Company		
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	William	Andrew Hi	nes	
	Hines	Logistics Pirm Company	<del></del>	
	4834	Malpus La	ine = = =	77
	Jacksonvil	le F ( 322 ) C	ane BLIANASSE	TIT!
	Hines 3	ValVe (a) a Mu to be used for future annual report notif	ication) COMPT GILL	
For further information co	oncerning this matter, please of		06 8.C.A	
William Name of	HINES	at ( <u>404</u> ) <u>923</u> Area Code Daytime	- Q 455	
Enclosed is a check for th	ne following amount:			•
S25.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hines Og Stills (Nime of the) Limited Liability Compa (A Florida Limited)	iny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1900004867</u> .	were filed on <u>Janl</u>	Nary 2nd, 201 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		E T
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		ASSOCIATION OF THE PROPERTY OF
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		727
Nama of Naw Pagictored Agents		
New Registered Office Address:	Name of New Registered Agent:	
		Florida
New Registered Agent's Signature if changing Registered Agent	City	Zip Code

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MgR	William Hines	4834 Malpas Lar Jacksonville FL	32210 Add
			□ Change
			□ Add
			Remove
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. Effective date, if other than the (If an effective date is listed, the date me Note: If the date inserted in this bedocument's effective date on the I	block does not meet the app	licable statutory filing req	(options an 90 days after tili uirements, this da	(1) ng.) Pursuant to 60 ite will not be lis	)5,020 sted a:
the record specifies a delayed). The 90th day after the re		not an effective time	, at 12:01 a.m	ı. on the earl	lier d
Dated January	un 7/201	thorized representative of a			

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