119000 111325

| (Red | questor's Name) | |
|-------------------------|-------------------|-------------|
| (Add | dress) | |
| (Ädd | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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US/14/19--01019--031 **25.00

2019 (2017 1/4 PM 3: 55

Amend

MAY 29 2019

COVER LETTER

| TO: | Registration Se Division of Cor | | • | |
|-------------|------------------------------------|--|---|---|
| CHB I | | DINGS LLC | | |
| SUBJ | ЕСТ: | | ited Liability Company | |
| The er | aclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please | return all correspo | ondence concerning this matter | to the following: | |
| | | ANDRES OSPINA RIVER | RA | |
| | | | Name of Person | |
| | | N/A | | |
| | | | Firm/Company | |
| | | 1245 CATALPA LANE | | |
| | | | Address | |
| | | ORLANDO FL 32806 | | |
| | | andresrealestatepro@gmail. | City/State and Zip Code com | |
| | | E-mail address: (| to be used for future annual report noti | fication) |
| For fu | rther information c | oncerning this matter, please co | all: | |
| ANDI | RES OSPINA RIV | ERA | 321 821-8446 | |
| | Name o | f Person | at () Area Code Daytimo | e Telephone Number |
| Enclos | sed is a check for th | ne following amount: | | |
| ■ S2 | 5.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ S60.00 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**

company has been notified in writing of this change.

| ARTICLES O | OF ORGANIZATION | |
|---|--|------------------------------|
| | OF | E/2 |
| | | |
| HWS HOLDINGS LLC | | |
| (<u>Name of the Limited Liability C</u> (A Florida Liv | Company as it now appears on our records. mited Liability Company) | and assigned of |
| The Articles of Organization for this Limited Liability Com | npany were filed on 04/24/2019 | بر سيري and assigned |
| Florida document number $\frac{1.19000111325}{1.19000111325}$ | | O . |
| This amendment is submitted to amend the following: | | • |
| A. If amending name, enter the new name of the limited | I liability company here: | |
| HWS HOLDING LLC | | |
| 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 ADDRES | 3S) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| Muning dadress MAT BE AT OST OFFICE BOX) | | · |
| | | |
| B. If amending the registered agent and/or registere | ed office address on our records | enter the name of the ne |
| registered agent and/or the new registered office address | | circle the name of the ne |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| New Registered Office Address. | Enter Florida street address | |
| | • 11 | |
| | , Flor | rida Zip Code |
| Naw Degistered Agent's Cignotone if shousing Designated A | • | zarem |
| New Registered Agent's Signature, if changing Registered Agent | gent: | |
| I hereby accept the appointment as registered agent and | • • | |
| provisions of all statutes relative to the proper and comp | plete performance of my duties, and | d Lam familiar with and |
| accept the obligations of my position as registered agen | | |

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 |
|--------------|--------------------------|---------------------|----------------|
| MGR | ANDRES OSPINA RIVERA LLC | 1245 CATALPA LANE | |
| | | ORLANDO, FL 32806 | |
| | | | Remove |
| | | | 🗆 Change |
| MGR | ANDRES OSPINA RIVERA | 1245 CATALPA LANE | |
| | | ORLANDO, FL 32806 | B Add |
| | | | □ Remove |
| | | | Change |
| M612 | IRA ELIA | 1673 UTICA TRAIL | |
| | | LAKE MART, FL 32746 | Remove |
| | | | Change |
| M6/2 | IRA ELIAS | 1673 UTICA TRAIL | ➡ Add |
| | | LAKE MANY FL, 32746 | □ Remove |
| | | | Change |
| | | | |
| | | | □ Remove |
| | | | Change |
| | | | Add |
| | | | Remove |
| | | | ☐ Change |

| 2.1 | Remove the Manager "A | NDRES OSPINA RIV | ERA LLC" | | | |
|----------------|--|--|------------|--|--|--|
| 3. | Add the Manager "AND | RES OSPINA RIVERA | λ" | | | |
| 4. | Include the EIN Number | 83-4631681 | | | | |
| | | | | | _ | |
| | <u> </u> | | | | | |
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| fective | date, if other than th | e date of filing: | | | (optional) | |
| ote: If | tive date is listed, the date me the date inserted in this be test effective date on the l | block does not meet the | applicable | te of filing or more the statutory filing req | an 90 days after tiling, uirements, this date |) Pursuant to 605.020 will not be listed a: |
| recor The 9 | rd specifies a delaye Oth day after the re | ed effective date, b cord is filed. | out not an | effective time | , at 12:01 a.m. | on the earlier o |
| Mited | AY 03 | 2019 | | | | |
| | | | | 1 | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00