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AM
6/25/20

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HPMH, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HEBER P MARTINEZ

Name of Person

HPMH, LLC

Firm/Company

3955 VILLAGE DRIVE

Address

DELRAY BEACH, FLORIDA 33445

City/State and Zip Code

HPMARTINEZH@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HEBER MARTINEZ

954 736-0128

at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2020 JUN -5 AM 7:44

SECRETARY
TALLAHASSEE, FLORIDA

HPMH 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 MAY 4, 2020 and assigned
Florida document number L20000119106.

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 abbreviation "LLC."

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: HEBER P. MARTINEZ

New Registered Office Address: 3955 VILLAGE DRIVE, APT A

Enter Florida street address

DELRAY BEACH

City

Florida 33445

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.

HEBER P. MARTINEZ

If Changing Registered Agent, Signature of New Registered Agent

11-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>	<u>Address</u>	<u>Type of Action</u>
MGR	HERBER P MARTINEZ	3955 VILLAGE DRIVE, APT A	<input type="checkbox"/> Add
		DELRAY BEACH FL 33445	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HEBER P. MARTINEZ	3955 VILLAGE DRIVE, APT A	<input checked="" type="checkbox"/> Add
		DELRAY BEACH, FLORIDA 33445	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ed JUNE 2, 2020

HEBER P. MARTINEZ

Typed or printed name of signee

Filing Fee: \$25.00