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COVER LETTER

TO:	Registration Sec Division of Corp			•
SUBJE	CCT:	R H S P Name of Limi	HOT LLC ted Liability Company	
The end	closed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please i	eturn all correspon	dence concerning this matter t	to the following:	
		H-	enny Pedreira	٤
			SP407LL	
		4300 W. La	Le Mary Blvd Address	<u> </u>
		Lalie War	Otystate and Zip Code Wission Acc. o be used for future annual report notif	4
		E-mail address:	Wission Acc. o be used for future annual report notif	COYY ication)
For furt	her information cor	neerning this matter, please ca	11:	
	HP M Name of I	P-enreira Peson	at (973) 393 - Area Code Daytime	3601 Telephone Number
Enclose	ed is a check for the	following amount:		
□ \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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 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



,			
2	HSP 407 LL		23 AM 7:59
(Name of the Lin	nited Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Florida document number _ \(\bigcup_{\partial 00000} \)	• • •	6/19/2003	and assigned
This amendment is submitted to amend the fo	llowing:		
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	e designation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if appl	icable:		
(Principal office address MUST BE A STRE	SET ADDRESS)		

Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u> </u>		<u> </u>
B. If amending the registered agent and/or agent and/or the new registered office addr	•	records, enter the name of	the new registered
Name of New Registered Agent:	Sebastia	in Pedreira	
New Registered Office Address:	4300 W. Lake	Mayy Blud + Torida street addless	=1010-243
	lake Mary	, Florida <u>3</u> 2	274 6 Cip 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.

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>		Type of Action
Mgr	Sebastian Pedvei	19 4300 W. Lake Mary Blud Lulie Mary FL32746.	_ XAdd
		lake Mary FL32746.	□Remove
			□Change
Mgx	'hodolfo redreira		_ 🗆 🗆 Add
			Remove
			_ Change
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			□Remove
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			🗆 Add
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			□Cha=aa

lffect	ive date, if other than the date of filing: (optional)
ianet	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
locun	nent's effective date on the Department of State's records.
record is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Signature of a member or authorized representative of a member
	As C
	Signature of a member or authorized representative of a member
	$\rho = 0$ ($C = 0$)
	Rodo (fo Pedveiva Typed or printed name of signee

Filing Fee: \$25.00