Division of Corporations Electronic Filing Cover Sheet

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To:	Division of Cor	porations
	Fax Number	: (850)617-6383
From:	Account Name Account Number	: LAZARUS CORPORATE FILING SERVICE, INC. : 120000000019
	Phone	: (305)552-5973

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HIDEWIWA LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Ēlectronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	HIDEWIWA LLC	
Name of the Limited	Liability Company as it now appears Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liab	ility Company were filed on	
Florida document number L21000358489	 ,	and dosigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company her	£ ;
The new name must be distinguishable and contain the words	s "Limited Lizbility Company," the des	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
B. If amending the registered agent and/or regis agent and/or the new registered office address he	tered office address on our reco ere:	ords, enter the name of the new registered
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida	street addrass
_		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.

City

Zip Code

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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

Title	Name	Address	Type of Action
MGM	MARCELO CONCINA	20200 W DIXIE HWY, 707	
·		MIAMI, FL 33180 UN	
			□Change
MGM	CCS REPRESENTATIVES LLC	20200 W DIXIE HWY, 707	S JAdd
		MIAMI, FL 33180 UN	□Remove
			Change
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D. If ame	ending a	y oth	er inform	ation, er	iter chan	ge(s) here	e: (Attach	additional she	eets, if nec	essary.)		
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