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Office Use Only



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COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	HIP 339	99 LLC				
	Name of Lim	ited Liability Company				
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
		MARCO WILSON				
		Name of Person				
		HIP 3399 LLC Firm/Company				
	гии/сопрану					
	10290 SW 8TH COURT, UNIT 107 Address					
		/ tadies.				
		PEMBROKE PINES, FL 33025 City/State and Zip Code				
	MNØ	MJNMANAGEMENTGRP.COM				
		to be used for future annual report not	dification)			
For further information	concerning this matter, please ca	all:				
	O WILSON		43-4750			
Name	of Person	Area Code Daytin	ne Telephone Number			
Enclosed is a check for	the following emount:					
■ \$25.00 Filing Fee	S30.00 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 Addre		Street Address:	ootion			
Registration Division of 0		Registration Section Division of Corporations				
P.O. Box 633		The Centre of				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

HIP 3399 2024 OCT 24 PM 3: 12 (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 Florida document number _____ L24000298250 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 3399 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 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: New Registered Office Address: Enter Florida street address

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

If Changing Registered Agent, Signature of New Registered Agent

_____, Florida ____

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
AMBR	CHRISTIAN MATTHEWS	17990 NW 2ND COURT, MIAMI, FL 33056	≣Add
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			🗆 Add
			□Remove
			Change
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effective date is listed, the date must be specific E: If the date inserted in this block does no	and cannot be prior		nore than 90 days af	ter filing.) Purs	
ument's effective date on the Department of			.8 1, -		
cord specifies a delayed effective date, but	not an effective ti	ime. at 12:01 a.m.	on the earlier of:	(b) The 90t	th day after t
filed.		,		(0)	,
of October 14	2.024				
ed October 14	_,	_ ·			