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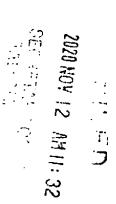
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Holopaw L	and Group LLC	. ,	r		
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Ronald E. Dowdy, Jr.				
		Name of Person Holopaw Land Group LLC			
	Holopaw Land Group LLC				
	Name of Person Holopaw Land Group LLC Firm/Company 7209 International Drive Address Orlando, FL 32819 City/State and Zip Code rjdowdy@gmail.com E-mail address: (to be used for future annual report notification) accerning this matter, please call: 407 402-9955 at (
	7209 International Drive				
		Address			
	Orlando, FL 32819				
		City/State and Zip Code			
· · · · · · · · · · · · · · · · · · ·					
	E-mail address: (to be used for future annual report not	ification)		
For further information c	oncerning this matter, please c	all:			
Ronald E. Dowdy, Jr.					
Name o	f Person		ne Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 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 Address Registration S Division of C	Section	Street Address: Registration Se Division of Co			
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Registration Section
Division of Corporations

TO:

TO ARTICLES OF ORGANIZATION OF

Holopaw Land Group LLC

company has been notified in writing of this change.

(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 12/29/2014 and assig Florida document number L15000001102 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 "L.L. 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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City 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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docum

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of
AMBR	David Alan Brown	4845 Robin Dr.	= Add
		St. Cloud, FL 34772	□Rem
			□Chan
AMBR	Heinrich Berrocal	4840 Robin Dr.	= Add
		St. Cloud, FL 34772	□Remo
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Note: 1	If the date inserted in	tan the date of filir date must be specific an this block does not in the Department of	meet the applicab	date of filing or more le statutory filing r	(option than 90 days after fil equirements, this d	ing.) Pursuant to 605
the record ford is file	•	effective date, but no	t an effective tim	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day afte
Dated 1	November 8		2020	··		
		Ton				
		Signature of a	member or authori	zed representative of	a member	
	Ronald E. Dowd	y, Jr.				
			Typed or printed	name of signee	<u>-</u>	