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SECRETARY OF STATE OIVISION OF CORPORATIONS

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COVER LETTER

Division of Cor	porations	•	
SUBJECT: P	Name of Limi	11100 LL(
The enclosed Articles of .	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Leroy	Name of Person	<u>C</u> C
		Firm/Company	
	1039 La Panam	Address Address City/State and Zip Jode	1. Circle 14, 7132408
	Fremail address: (1	OV OOY (1+C+) be used for future annual report notifi	Ing a gmail com
For further information co	oncerning this matter, please ca	ill:	
Name of	Person	at ()	Telephone Number
Enclosed is a check for th	e 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)
MAILI	NG ADDRESS:	STREET/COURIE	R ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

hou Lee Haint	ing LLC	
(Name of the Limited Liability Con (A Florida Limit	mpany ay it now appears on our rec ted Liabrity Company)	ords.)
The Articles of Organization for this Limited Liability Comparison of the Articles of Organization for this Limited Liability Comparison. Florida document number $\frac{\text{Li}800040807}{\text{Li}}$.	any were filed on Feb 11	1 th, 2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company." the designation "l	A.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		os ≤s 3 ≤s
		HAY
		OF C
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
		5.5 5.5
		5.4
B. If amending the registered agent and/or registered		ords, enter the name of the ne
registered agent and/or the new registered office address h	<u>iere</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
		Florida
	Cuy	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Franki D. Flitcroft	7329 Sunset Ave	
		Panama City Beach, 7	L_□ Remove
		32408	Change
			□ Remove
		••	Change
		.	Add
			□ Remove
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Effective	date, if other than the overdate is listed, the date must	date of filing: _	anot he prior to al	ale of filing as mor	optic	onal) Glina (Pur mar la	405.030
Note: If	he date inserted in this blo 's effective date on the De	ek does not meet	t the applicable	statutory filing	requirements, this	date will not be	listed a:
de amen	s cheetive dute on the 15c	parment of State	. 3 records.				
ne recor	d specifies a delayed	effective date	e, but not a	n effective tir	ne, at 12:01 a	i.m. on the ea	arlier o
ine 9	oth day after the reco	rd is filed.					
Dated	5-17-18						
		<u></u>					
	ر المحمد المرابع	new	<u> </u>				_
		Signature of a men	iber or authorize	d representative of	`a member		

Page 3 of 3

Filing Fee: \$25.00