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EXAMINER



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SECRETARY OF STATE
ALLAHASSEF FINALE

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: # Holios Holoings LLC Name of Limited Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
MATI CETTA Name of Person				
Firm/Company				
ATT/3 Partyses G				
City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Person at (727) 422 0488 Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$				

MAILING ADDRESS:

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HETiOS Hi	Dinb 11</th <th></th>	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on or Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L 04000 79337</u>	y were filed on	1/29/3204 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Lin" L.L.C."	nited Liability Company," th	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		manit Special
(Principal office address MUST BE A STREET ADDRESS)	, , , , , , , , , , , , , , , , , , ,	É S
		# Q 11
		SS 1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		TS w
		RIDE &
		15
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	<u></u>	
	Enter Flo	rida street address
		, Florida
	City	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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> **Address Type of Action** Remove ☐ Remove Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

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Filing Fee: \$25.00