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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

(31.145.145.25P)	JSE FLORIDA LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	JUAN A FIGUEROA				
		Name of Person			
	JUAN A FIGUEROA PA CPA Firm/Company 1428 BRICKELL AVENUE STE 206				
Address					
	MIAMI, FL. 33131				
		City/State and Zip Code			
	CARMEN@JAFCPA.COM				
	E-mail address: (to be used for future annual report not	tification)		
For further information c	oncerning this matter, please c	all:			
JUAN A FIGUEROA		305 448-5844			
Name o	f Person	at () Area Code Daytir	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 Addres Registration S		<u>Street Address:</u> Registration So	ection		
Division of C	=	Division of Co	•		
P.O. Box 632	. /	The Centre of	1 allahassec		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LONEHOUSE FLORIDA LLC (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 $\frac{01/01/2020}{1}$ and assigned Florida document number 1.06000100214 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: HECOSPACE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A 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: N/A 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.

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
СЕО ММ	COSIO HUERTAS, JOSE F	2857 SW 27TH AVENUE	Add
		MIAMI, FL 33133	■Remove
			Change
MM LOHOMEX SA DE CV	2875 SW 27TH AVENUE	■Add	
		MIAMI, FL. 33133	□Remove
			□Change
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			□Remove
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an eff tote:	ive date, if other than the date of filing: O1/01/2020 (optional)
recor d is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
	01/23
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ated	Signature of a member or authorized representative of a member

Filing Fee: \$25.00