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COVER LETTER

		istration Sec sion of Corp			
011111111		AHIW LLC			
SUBJEC	1:		Name of Lin	nited Liability Company	<u>-</u>
The enclo	sed	Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please ret	um :	all correspon	dence concerning this matter	to the following:	
			Delia Chan		
				Name of Person	
			AHIW LLC		
				Firm/Company	
			11603 Grange Stead Lane		
				Address	
			Riverview, FL 33569		
				City/State and Zip Code	
			E mult addrage (to be used for future annual report notification)	_
or further	r inf	ormation con	cerning this matter, please c		
Delia Cha	ın			813 323-3620	
		Name of P	erson	Area Code Daytime Telephone Num	her
Enclosed i	sac	heck for the	following amount:		
\$25.00	o Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certificated Copy is enclosed) Certificated Certificate	Filing Fee. icate of Status & ed Copy nat copy is enclosed)
R D P.	egis ivis .O.	ng Address: stration Section of Cor Box 6327 hassee, FL	porations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite	810
				Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AHIW LLC		
(Name of the Limited Liability Comp (A Florida Limited	oany as it now appears on our records.) Liability Company)	-
The Articles of Organization for this Limited Liability Compan	y were filed on <u>04/20/2007</u>	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 contain the words "Limited Liab	oility Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		<u>&</u>
		721
Enter new mailing address, if applicable:	 	
Muiling address MAY BE A POST OFFICE BOX)		ा व
		<u>\</u>
B. If amending the registered agent and/or registered office	address on our records, enter th	e name of the new registo
agent and/or the new registered office address here:		
Name of New Registered Agent:		
Name of New Registered Agent.	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street address	
	, Flor	ida 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 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>	<u>Address</u>	Type of Action
AMBR	Isabella Kosoff	11603 Grange Stead Lane	B∧dd
		Riverview, FL 33569	□Remove
			☐ Change
		·	□Add
			□Remove
			Remove
			□Add
			□Remove
			Change
			□Add
			Remove
			□ Change
			□Add
			Remove
			□Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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en effec	re date, if other than the date of filing: 11 S 2020 (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0
cumer	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed not's effective date on the Department of State's records.
record :	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
	Novicia describer 15 0 00
ated _	NOWEYHOLY 13, NOTO
	Idio-Glann
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00