L09000052336

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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TECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT: <u>AWW</u>	Name of Limit	DEMERNISE CL Cled Liability Company	<u> </u>
The enclosed Articles of Ar	nendment and fee(s) are subm	nitted for filing.	
Please return all correspond	lence concerning this matter to	o the following:	
	ERIC A	RUW6HAX Name of Person	•
	Perfection	PAWT & Body Firm/Company	
	4202 GRANAS	Y Ace T Address	
	TAMPA /	Flonda / 3360 \City/State and Zip Code	1
	E-mail address: (10	AUS WAhoo-Com be used for future annual report notification	on)
For further information con	cerning this matter, please cal	ll:	
ERIC ARLING Name of Po	6HAUS erson	at (813) 410 - 460 Area Code Daytime Tele	ephone Number
Enclosed is a check for the	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 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

HRUNGHAN (Name of the The Articles of Organization for this Limited Liability Company were filed on MAY 25 Florida document number L09000053236 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: HRUW6HAUS The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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: ZUAH 2001 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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 = A	uthorized Member		
Title	<u>Name</u>	Address	Type of Action
MAR	Joseph Sard	2508 Persulla Gr. LUTZ FL 33559	Add
	•	LUTZ FL 33559	Z Remove
			☐ Change
		- · · · · · · · · · · · · · · · · · · ·	□ Add
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		FLORIDA	Remove
		<i>P</i>	☐ Change

If an	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	POP TO THE BOOK AND A STATE OF THE STATE OF
If an e Note :	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier 0 90th day after the record is filed.
Dated	
	Signature of a member or authorized representative of a member
	Joseph B Sone
	ryped or bruied hame of signee
	Typed or printed name of signee STATE STATE

Filing Fee: \$25.00