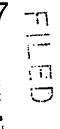
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(Requestor's Name)
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COVER LETTER

	gistration Sec ision of Corp			
SUBJECT:	Hot4ever LI	.c		
SUBJECT:	·	Name of Limi	ted Liability Company	
		Amendment and fee(s) are subraidence concerning this matter t		
		Erik Mishiyev		
			Name of Person	
		Hot4ever LLC		
			Firm/Company	
		P.O. Box 21272		
			Address	
		Tampa, FL 33622		
			City/State and Zip Code	
		erikmishiyev@gmail.com E-mail address: (to	o be used for future annual rep	ort notification)
For further i	nformation co	oncerning this matter, please ca	11:	
Erik Mishiy	ev		917 727-4	684
	Name of	Person	at () Area Code	Daytime Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$ 25.00 E	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

Hot4ever LLC				
(<u>Name of the Limite</u>	d Liability Comps A Florida Limited	nny as it now appears on ou Liability Company)	r records.)	
The Articles of Organization for this Limited Lia	ability Company	were filed on 11/22/201	7	and assigned
Florida document number L10000016092	·			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
Hot Forever Lic.				<u>: 1 </u>
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the designati	on "LLC" or the abbi	
Enter new principal offices address, if applica	ble:	5000 Culbreath Key W	ay #1-317	2 1
(Principal office address MUST BE A STREET	(ADDRESS)	Tampa, FL 33611		
				<u> </u>
				2
Enter new mailing address, if applicable:		P.O. Box 21272 Tampa, FL 33622		
(Mailing address MAY BE A POST OFFICE B				
B. If amending the registered agent and/o	er registered of	ffice address on our	records enter t	ne name of the new
registered agent and/or the new registered off			records, enter ti	it hatte of the new
Name of New Registered Agent: Erik Mishiyev				
New Registered Office Address:	5000 Culbreath	Key Way #1-317		
		Enter Florida stre	et address	
	Tampa		, Florida ³³⁶¹	
		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 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

<u> </u>	Name	Address	Type of Action
			Add
			□ Remove
			☐ Change
			□ Remove
		<u> </u>	Change
		 	
			☐ Add
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amending any other informati	, ,		, ,	} •/
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ffective date, if other than the can effective date is listed, the date must lote: If the date inserted in this bloocument's effective date on the De	be specific and cannot be pri ck does not meet the appl	or to dat e of filing or m icable statutory filin	ore than 90 days after fili	ng.) Pursuant to 605.02
e record specifies a delayed The 90th day after the reco		ot an effective t	ime, at 12:01 a.n	n. on the earlier
ated November 22	2017			
	A WIT	,		
	Signature of a member of an	horized representative	of a member	

Page 3 of 3

Filing Fee: \$25.00