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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	HVL J	LLC nited Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	_	
	Harris Millman		
		Name of Person	
	HVLJ LLC		
		L'innex ompany	
	3441 CARLTON LANE		
		Address	
	DAVIE, FL 33330		
		City/State and Zip Code	
	harrismillman@gmail.com		
	L-mail address: (to be used for future annual report notif	ication)
For further information c	concerning this matter, please c	all:	
Harris Millman		305 992-6445	
Name o	of Person	at () Area Code Daytime	· Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25,00 Filling nee	☐ \$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)

MAHLING ADDRESS: Registration Section

Division of Corporations P.O. Box 6327

Fallahassee, 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

HVLJLLC		
(Name of the Limited Liab	dity Company as it now appears on our records.) ida Limited Liability Company)	
CA Flor	ida (ilmined) atomiy Company)	
The Articles of Organization for this Limited Liability		and assigned
Florida document number L12000035341		9 🗻
This amendment is submitted to amend the following:		FILE TO STATE OF STAT
A. If amending name, enter the new name of the line the new name must be distinguishable and contain the words "I. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD	mited liability company here:	of cole
The new name must be distinguishable and contain the words "I.	imited Liability Company," the designation "LLC" or th	e abbreviation "Lift"
Enter new principal offices address, if applicable:		21
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg		er the name of the nev
registered agent and/or the new registered office ac	uress nere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Later Florida street address	
	. Florida	
	Cuy.	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	LAUREN MILLMAN	3441 CARLTON LANE, DAVIE, PA 33336	> □ Add
			Remove
			Change
MGR	JESSICA MILLMAN	3441 CARLTON LANE, DAVIE, FL 3730	D Add
			■ Remove
			□ Change
			□ Remove
			Remove Remove
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Effective date, if other that (If an effective date is listed, the date)	n the date of fill	ing: JUNE 14, I		(op	tional) filipa i Paraggot ta 60	5 0207 (3
Note: If the date inserted in	this block does no	t meet the applic	able statutory fil	ing requirements, th	is date will not be lis	ted as th
document's effective date on	the Department o	1 State's records				
the record specifies a de) The 90th day after th			ot an effective	e time, at 12:01	a.m. on the earl	ier of:
Dated		2017	ø			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00