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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HOLLANDER NOUSTRIES LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
FABIAN HOUANDER Name of Person
HOLLANDER INDUSTRIES LLC Firm/Company
633 NORTH CENTRAL AVENUE Address APPARTMENT: 325_A
GLENDALE CA 91203. City/State and Zip Code
FABIAN HOLLANDER & CHALL OM- E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TABIAN HOLLANDER at (239) 200 30 86. Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status \$55.00 Filing Fee Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 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 ARTICLES OF ORGANIZATION **OF**

HOLLANDER NOUST	TRIES, LLC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{8}{5}$ $\frac{12}{2013}$ and assigned
Florida document number L 13000 110 188	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	Iller annual base of the second secon
state the new maine of the innited half	intry company nere:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation, "L.L.C."
Enter new principal offices address, if applicable:	27666 LIME STRETS
(Principal office address MUST BE A STREET ADDRESS)	BOWITA SPRINGS FL
	34135.
Enter new mailing address, if applicable:	(22 N/2" 00 -
(Mailing address MAY BE A POST OFFICE BOX)	ANY 325 A
	GLENDALE CA 91203
D IC 19 19	/
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address: 27666	LINE STREET Enter Florida street address
BONITA	SPRINGS
New Registered Agent's Signature if abanding During at A	Zip Code

Signature, if changing Registered Agent:

11 - LINDER

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

AMBR = A	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
4GRM	OLIVÍA HOLLANDER	345 CYPRESS WAY	
		WEST, NAPLES, FL 34110	Remove HGRK
			Change
KRM	FAGIAN HOLLANDER	APT: 325-A	É NyÉ □ Add
			Remove
		GLENDALE, CA 91203	Change ADDRESS
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		THE CONTRACTOR OF THE CONTRACT	Shange
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Filing Fee: \$25.00