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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT:	4834 T	HL LCC Liability Company		
The enclosed Articles of Ar	mendment and fee(s) are submi	tted for filing.		
Please return all correspond	ence concerning this matter to	the following:		
	Gary HA	Name of Person		
	4834 I	PEVON, LLC Firm/Company		
	138 154	Address	South	
	hains.a	Florida 3 City/State and Zip Code any e amai be used by future annual report notification	1.com	
For further information con	ncerning this matter, please cal	1:		
Adam Zi	DOCY Berson	at (954) (59-2) Area Code & Daytime Tel	ephone Number	
Enclosed is a check for the following amount:				
☐ \$25.00 Filing Fee	Certificate of Status	C1\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy	

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4834 T	HL, LLC
(Name of the Limited Liability Com (A Florida Limite	opany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Comparing Articles of Organization for this Liability Comparing Articles of Organization for the Organization for this Liability Comparing Articles of Organization for the Organization	any were filed on $10/9/2013$ and assigned
This amendment is submitted to amend the following:	·
A. If amending name, enter the new name of the limited	liability company here:
The new name must be distinguishable and end with the words "I"L.L.C."	Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	138 15th Avenue South
(<u>Principal office address MUST BE A STREET ADDRESS</u>	NAPUS, PC 5410a
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	138 15th A venue South NAPIES, FL 34102
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	d office address on our records, enter the name of the new there:
Name of New Registered Agent: GA	RY Hains
New Registered Office Address: 138	Enter Florida street address
<u>N</u>	APUES Plorida 34100 Zip Code
New Registered Agent's Signature, if changing Registered A	gent:
the provisions of all statutes relative to the proper and o	d agree to act in this capacity. I further agree to comply with complete performance of my duties and am familiar with and at as provided for in Chapter 698/F.L. Or, if this document is office address, I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> Name Type of Action Address MGRM 1119 Cotorro Avenue Dada MGR Remove

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	The Change of Manager shall become
	effective 90 days after the filing of
	this Amendment, All other changes
	shall become effective immediately.
Dated_	04.18.14 2.2014
	Dan Week
	Signature of a member pr authorized representative of a member
	The Howsing LEAGUE, Inc By: Sandra (Sandy) Flick
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEC FLORIDA