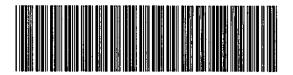
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COVER LETTER

TO: Registration Section Division of Corporations	Art Property of the Control of the C
SUBJECT: Orrene Handyma Name of Limited L	n LLC ishility Company
Name of Emmed E	парти Сотрану
The enclosed Articles of Amendment and fee(s) are submitte	d for filing.
Please return all correspondence concerning this matter to the	e following:
David	HOR
	Name of Person
orrine Handle	man LLC Firm/Company
16600 NW 54	
Micami, Fl Cit David Confi E-mail address: (to be	y/State and Zip Code CONOVING - US used for future annual report notification)
For further information concerning this matter, please call:	
David HOR Name of Person	at (305) 621-0802 Area Code Daytime Telephone 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

	lyman LLC	
(Name of the Limited (A	Liability Company as it now appears on o Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liab Florida document number <u>L 14000219</u>	oility Company were filed on 02/	and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of t	ne limited liability company here:	
The new name must be distinguishable and end with the wo	rds "Limited Liability Company," the design	· 4
Enter new principal offices address, if applicab	le:	ALLO SECO
(Principal office address MUST BE A STREET	ADDRESS)	£8 €8
		20 AR SS
		EQ 2 III
Enter new mailing address, if applicable:		SI S
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	53 RIOA
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new
Name of New Registered Agent:	David HOR	
New Registered Office Address:	16600 bw 54 / Enter Florida str	
	Miami	, Florida <u>33014</u> Zip Code
New Registered Agent's Signature, if changing Re	ristered Agent:	
I hereby accept the appointment as registered a provisions of all statutes relative to the proper		

If Changing Registered Agent, Signature of New Registered Agent

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, thereby confirm that the limited liability

company has been notified in writing of this change.

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

MGR = Manager '

AMBR = Authorized Member **Title Name Address Type of Action** 16600 NW 54 AVE #26 _ Add MGR YUDISLEIDY LEMUS HIALEAH, FL ■ Remove 33014 □ Add _□ Remove □ Add □ Remove □ Remove □ Add □ Remove

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