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SECRETARY OF STATE
TALLAHASSEE, FLORID.

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CARL LIANT Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ruben Urueta. Name of Person
Firm/Company AHC A
1235 NE 1425
NMIAMI, F1 33161
City/State and Zip Code Uruetaruben @ gmail. (om E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) 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

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 2102014 and assigned Florida document number 4140000 24319
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 "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 235 NE 1425 Suite Nuiami, F 33161
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Wicamar, F1 33027
B. If amending the registered agent and/or registered office address on our records, enter the name of the no registered agent and/or the new registered office address here:
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: Puber Upueta
N. Wiani, Florida 33/6/

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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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The effec	ve date, if other than the date of filing: 2 10 - 20 4 (optional) ctive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
Dated_	(1)
	Signature of a member or authorized representative of a member
	Ruben Deveta Typed or printed name of signee

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Page 3 of 3

Filing Fee: \$25.00