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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: MOLBIHAN IIC  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:
MARIA BIASUTTO Name of Person
MORBIHAH IC Firm/Company
Firm/Company
763 NE 80 ST
Address
MIAMI FL. 33138
City/State and Zip Code  Mariabiasutto 1 @ Yahoo.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARIA BIA SUTTO at (305) 647 - 9014  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Salution Status Solution Status Solution Solution Status Solution S

#### 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

HOLBIHA	++ 11c
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on 02 19 2014 and assigned 2 8 6 86
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	RESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7019 (P3 22 P
B. If amending the registered agent and/or registered agent and/or the new registered office add	istered office address on our records, enter the name of the new dress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	:	Address	Type of Action
MGR	HARIA BIAS	STT	763 NE 80 ST HIAHI FL 3313	Add
			MIAHI FL 3313	Remove
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record sp The 90th o	ecifies a del lay after the	layed effective e record is filed	date, but no	ot an effec	tive time, at :	12:01 a.m. or	the earlier
ted	4/18	2019	· <u> </u>	·			
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Filing Fee: \$25.00