L14000037166

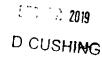
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO:	Registration Se Division of Cor					
SUBJF	ССТ:	Newhall	Holdings Lited Liability Company	<u></u>		
The end	closed Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
			CO GCIECO Name of Person			
		Newh	rall Holdings LL	<u>C</u>		
			EDERAL HWY#4			
		Fort Lauder Franka	city/State and Zip Code City/State and Zip Code Cite Co 19 @gmail to be used for future annual report notific	· Ccm	10 001 30	
For fur	ther information co	oncerning this matter, please ca			84 : 35	
	Tanco o	511660	11 (954) 644	- 9093	 ယ ာ	
	Name o	f Person	Area Code Daytime	l'elephone Number		S
Enclose	ed is a check for th	ne following amount:		,		
□ \$2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S \$60,00 Filing l Certificate of Certified Cop (additional copy	Status & y	

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 TO ARTICLES OF ORGANIZATION OF

Newhall Holdings LLC (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 $\frac{03/05/2014}{}$ and assigned Florida document number L14000037166 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 contain 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) Franco Grieco 1180 N. Federal Hwy #402 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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
AMBR	FRANCO GRIECO	1180 N. Federal Hwy #402 FT. LANDERDALE, FL 33304	
			Remove
			Change
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i effe <u>te:</u>	ve date, if other than the date of filing: October 25-2019 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
cd	October 25 2019
	A
	Signature of a member or authorized representative of a member FRANCO GRIECO Typed or printed name of signes

Page 3 of 3

Filing Fee: \$25.00