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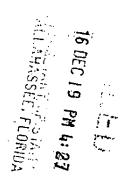
(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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DEC 2 1 2016 Y SULKER

COVER LETTER

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Division of Corpor	rations		
SUBJECT: Hi6	Poorbersho	of LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles of Art	nendment and fee(s) are subr	nitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
		-	
	Miose	Name of Person	
		Name of Person	
	Hisman	bershop LL (
	13802 L	and star 131	Vd 5/2 102
		Address	
	ORla.	City/State and Zip Code No P Q Y a hou. Cook obe used for future annual report notifications.	94
	1	City/State and Zip Code	^M
<u>-</u>	Hisburbers	no b ordanos.	
	E-mail address; (to	o be used for future annual report notifica	ation)
For further information conc	erning this matter, please ca	ll:	
Miosoti	Disla	at (<u>AO+</u>) <u>H 5 O</u> Area Code Daytime T	-0621
Name of Pe	erson	Area Code Daytime T	elephone Number
Enclosed is a check for the f	following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
			(additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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.)		
The Articles of Organization for this Limited Liab Florida document numberL 1 +	oility Company were	filed on O	5/23/19	$\frac{4}{2}$ and ass	igned
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of the	he limited liability	company here:			
The new name must be distinguishable and contain the work Enter new principal offices address, if applicable (Principal office address MUST BE A STREET)	le:	mpany." the designation	n "LLC" or the abb	reviation "L.	L.C."
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO	<u> </u>			5 OF	•
	_			6.13	1AL .
B. If amending the registered agent and/or registered agent and/or the new registered office		address on our re	ecords, enter 1	the name	of the new
Name of New Registered Agent:	<u>m:05</u>	oti D	isla f	- 120 - 120 - 120	
New Registered Office Address:	13800	Enter Florida street	3+05 address	310	0 Ste 102
	0000	an 60	, Florida	328 Zip Code	124

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	miosoti Disk	1 13802 Landstar	Add
		Bhv 5+102 Orlandofl 3282	□ Remove
		ORlandofl 3282	☐ Change
			Add
			□ Remove
			Change
		$\tilde{\omega}_{i}$	Remove
		FLONIA PLONIA	GRange GRAdd Remove
		<u> </u>	Pemove
			Change
			□ Add
			□ Remove
			Change
			□ Add
			Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
For all commercial, Banks
or any Financial transaction
mr. De la Rosa, Richard as
President can only sign Together with miosoti Dista
miosoti Disla as MGR
can sign by her lown ary
a mount.
me. Richard de la rosa
as President has all the
Powers to make decostins
in all administrate matters
SSS THE STATE OF T
RA CONTRACTOR OF THE CONTRACTO
E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated Pe Ce mbon 1 H , 2016 Signature of a member or authorized representative of a member
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00