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| Special Instructions to I | Filing Officer:   |             |
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## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

| Division of Corp   | oorations                                    |  |   |
|--|--|--|---|
| SUBJECT:   | Name of Limit                                | ed Liability Company   | <u> </u>  |
| The enclosed Articles of a                                 | Amendment and fee(s) are subn                | nitted for filing.   |   |
| Please return all correspo                                 | ndence concerning this matter to             | o the following:   |   |
|  |  | Name of Person   |   |
|  | _ N Vev                                      | 5h- Chamle<br>Firm/Company   | OLIS De   |
|  | 2601   | Curry Ford   | Rd  |
|  | Orlan  | Address  Olo F 3.  City/State and Zip Code   | 2806  |
|  | donn   | City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  Decised for future annual report notifications. | Parliuma. com   |
| For further information co                                 | oncerning this matter, please cal            | (1:  |   |
| Donna  | Shoe   | a(407)_894   | -544e   |
| Name of  | Person                                       | Area Code Daytime  | e Telephone Number  |
| Enclosed is a check for th                                 | e following amount:                          |  |   |
| □ \$25,00 Filing Fee                                       | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed)   | S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address Registration S Division of Co P.O. Box 632 | ection orporations                           | Street Address: Registration Sec Division of Cor The Centre of T   | porations   |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| OF  | 7                                      | 2229 M. 18 PH 6: 43  |
|---|--|--|
| (Name of the Limited Liability Compan<br>(A Florida Limited Lia   | v as it now appears on our records.    | <u>C</u>   |
| The Articles of Organization for this Limited Liability Company we Florida document number  | vere filed on                          | and assigned   |
| This amendment is submitted to amend the following:   |  |  |
| A. If amending name, enter the new name of the limited liability  HOTSIE TOTSIE TO  The new name must be distinguishable and contain the words "Limited Liability  Enter new principal offices address, if applicable: Savel  (Principal office address MUST BE A STREET ADDRESS) | y Company," the designation "LLC"      | and the second s |
| Enter new mailing address, if applicable: \(\square\)\(\square\)\(\square\)\(\lambda\)  | 2601 Curi                              | yford Rd   |
| B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:   | ldress on our records, <u>enter th</u> | ne name of the new registered  |
| Name of New Registered Agent:  New Registered Office Address:   | Enter Florida street address           |  |

## 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.

Cuv

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 = Aut   | horized Member |                               |                |
|--------------|----------------|-------------------------------|----------------|
| <u>Title</u> | <u>Name</u>    | Address 2020 H/.: 18 PH 6: 43 | Type of Action |
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| AMBR         | Brittany Warsh | 21001 Cerry Ford R            | d ⊈Add         |
|              |                | Mando R 328                   | Remove         |
| 4 N/RP       | William Chamba | 45 ZLOOI CURTY FOROL          | ]Change        |
| 111010       | or marked      | Orlando K 32                  | ∃Add  Remove   |
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| fective date, if other than the date of filing:                            | (optional)  |
| in effective date is listed, the date must be specific and cannot be prior | r to date of filing or more than 90 days after filing.) Pursuant to 605,020 cable statutory filing requirements, this date will not be listed a |
| ecord specifies a delayed effective date, but not an effective t is filed. | ime, at 12:01 a.m. on the earlier of: (b) The 90th day after the  |
| Dana Shol  | <u>&gt;</u> .   |
| The way the color  | orized representative of a member   |

Typed or printed name of signee