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(Requestor's Name)
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COVER LETTER

TO:	Registration Sec Division of Corp	ction porations							
		RICAN HOUSE SITTERS LLO	-						
SUBJEC	T:	Name of Limi	ited Liability Company						
The enclo	osed Articles of a	Amendment and fee(s) are subt	mitted for filing.						
Please re	turn all correspon	ndence concerning this matter	to the following:						
		KYLE KOTCH							
	Name of Person								
		ALL AMERICAN GLOBAL ENTERPRISES INC Firm/Company							
			Firm/Company						
		7739 ROCKPORT CIRCL	E						
		<u> </u>	Address						
		LAKE WORTH, FL 33467	7						
		DJBYCK@MSN.COM	City/State and Zip Code						
		E-mail address: (t	to be used for future annual report notific	cation)					
For furth	er information co	oncerning this matter, please ca	all:						
ĐAVID	вүск		561 350-9278						
	Name of	Person	Area Code Daytime	Telephone Number					
Enclosed	Lis a check for th	e following amount:							
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & 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

FILED

N HOUSE SITTERS LLC

SECRETARIAN

(Name of the Limited Liability Company as it now appears on our records.) A HASSE (A Florida Limited Liability Company) ALL AMERICAN HOUSE SITTERS LLC The Articles of Organization for this Limited Liability Company were filed on 10-7-2014 ____ and assigned Florida document number L14000162316 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) 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 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.

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
AMBR	KYLE KOTCH	7739 ROCKPORT CIRCLE	
		LAKE WORTH, FL 33467	
			■ Remove
			Change
AMBR	ALL AMERICAN GLOBAL ENTERPRISES INC	7739 ROCKPORT CIRCLE	🖬 Add
	-	LAKE WORTH, FL 33467	Muu
			☐ Remove
			Change
			Add
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ctive date, if other than the da effective date is listed, the date must be	specific and cannot be prior to d	ate of filing or more than 90 days	after filing.) Pursuant to 605.0207 (3)
e: If the date inserted in this block ument's effective date on the Depa		statutory filing requirements.	this date will not be listed as the
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record specifies a delayed el	ffective date, but not a	n effective time, at 12:0	1 a.m. on the earlier of:
ne 90th day after the record			
DECEMBER 5	2018		
20			All American GI
<u> </u>		· ·	. M

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00