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(Re	equestor's Name)	··· • • • • • • • • • • • • • • • • • •
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DHIGTOW LLC 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:
Briana Almerico Name of Person
Opti Growll Firm/Company
1108 E Chelsea St
Taupa I 33603
City/State and Zip Code Driana al merico @ Hemo Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Briana Almerica at (813) U10-7282 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\text{Solonormal}\$ \$30.00 Filing Fee & Certificate of Status \$\text{Certified Copy}\$ (additional copy is enclosed) \$\text{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

TO ARTICLES OF ORGANIZATION

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(Name of the Limit	DW L	any as if now annears on o	ur records)		
	(A Florida Limited	any as it now appears on o Liability Company)	di iccoi disi)		
The Articles of Organization for this Limited Li	ability Compan	y were filed on $\frac{1}{3}$	13/14	and as	signed
This amendment is submitted to amend the follo	wing.				
A. If amending name, enter the new name of Continuous Continuous The new name must be distinguishable and contain the w	the limited lial	LC.	tion "LLC" or the al	obreviation "L	 .L.C."
Francis I I or II to II)	HOX ECH	relsea o	~ 1	
Enter new principal offices address, if applica		110000	-	<u> </u>	
(<u>Principal office address MUST BE A STREE</u>	<u>T ADDRESS)</u>	1aupa 12	33LeD3		
Enter new mailing address, if applicable:		j į		/.	/
(Mailing address MAY BE A POST OFFICE I	ROV)				
Munic duaress MAT BEATOST OFFICE I	<u>BOA)</u>				
			*	<u>ි</u> <u>හ</u>	
D 16 15 45 5 5 5 5 5	•	***	<u>.</u>	E R	
B. If amending the registered agent and/oregistered agent and/or the new registered of			records, enter	the name	of the new
registered agent and/or the new registered on	nce address nei	<u>e</u> .	** #0	61-4 11-4 TO	
Name of New Registered Agent:	Brian	na Al meric	. Q.	# F	Lines
New Registered Office Address:	1108 E	MUSECU S Enter Florida stre	eet address	· 10	
	Taup	a	, Florida	336C	3
	1	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.

f Changing Registered Agent, Signature of New Registered Agent

MGR = 1 AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Joanna Tan	430 Forestway Cir Unit 302	
			Remove
		Altramonte Springs FL	3270 Change
			🗆 Add
			☐ Remove
			Change
			Add
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(If an el	tive date, if other than the date of filing: 13 17 5 Cor Giral Amon (optional) ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing If the date inserted in this block does not meet the applicable statutory filing requirements, this date ment's effective date on the Department of State's records.			
the re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. e 90th day after the record is filed.	on the	e earli	ier of:
Dated	March 16 2016.			
	Signature of a member or authorized representative of a member			
	Briana Almorico		<u></u>	

Page 3 of 3

Filing Fee: \$25.00