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COVER LETTER

TO: Registration Sectorial Division of Corp		保 S M	 .
SUBJECT: <u>Hedi</u>	na Protesional Name of Limi	Sorvices LLC ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subt	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	<u>Jeannet</u>	Name of Person	
	Medina Tro	Firm/Company	5 LLC
	PO BOX 161	Address	
	Altamont	City/State and Zip Code	٠
	Pro medina 300 E-mail address: (t	TVICES Q VALON. COM o be used for future annual report notific	cation)
For further information con	ncerning this matter, please ca	ıll:	
Seannette H Name of	edina Person	at (<u>UD</u>) <u>US9. 26</u> Area Code Daytime	1 <u>28</u> Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 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)
MAIL TO	ic andere.	STDEET/COLIDIE	D ADDESS.

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 OF

(Name of the Limite	ona Soy d Liability Comp A Florida Limited	any as it now appears on our record Liability Company)	<u>is.</u>)
The Articles of Organization for this Limited Lie Florida document number <u>LISO 000 10</u>		y were filed on	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of		· · · · · · · · · · · · · · · ·	
The new name must be distinguishable and contain the wo	ords "Limited Liab	ility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	M640 Forest	City Rd
(Principal office address MUST BE A STREET	(ADDRESS)	Unit 80 Orlando AL	32810
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	9OX)	PO Box 16179 Altamonte Spri	10 41 32714
B. If amending the registered agent and/or the new registered off			s, enter the name of the new
Name of New Registered Agent:	NIA		SSIEC A
New Registered Office Address:	4640	Forest City Rd Enter Florida street addres	United is
	Orland	l o, FI	orida <u>82810</u>
		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.

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 Name **Address** Type of Action Title Walter R. Hedina 1616 Chatham Cir. Apopka MGB 82403 Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Remove ☐ Change ☐ Add □ Remove

☐ Change

						
						
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Filing Fee: \$25.00