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SECRETARY OF STATE

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COVER LETTER

TO: Registration Se Division of Cor	ection porations						
HUMBLE	IMPLEMENTATION, LLC						
SUBJECT:							
	Amendment and fee(s) are sub	_					
	ANGELA DUNCAN						
		Name of Person					
	HUMBLE IMPLEMENT	ATION, LLC					
	Firm/Company						
	8710 W HILLSBOROUG	SH AVE #197					
		Address					
	TAMPA, FL 33615		SEC TALL,	2015			
City/State and Zip Code ANGELA@THEDUNCANDUO.COM				N	FILED		
	E-mail address:		5	Sandard S			
For further information c	oncerning this matter, please o	rall:	ETARY OF STATE HASSEE, FLORID	₽ }	D		
ANGELA DUNCAN		813 359-8990 at ()	ATE RIGA	. 0 2			
Name o	f Person		lephone Number				
Enclosed is a check for the	he following amount:						
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	d Copy Certificate of Status				
MAIL	ING ADDRESS:	STREET/COURIER	ADDRESS:				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 :

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HUMBLE IMPLEMENTATION, LLC	
(<u>Name of the Limited Liability Company a</u> (A Florida Limited Liabi	s it now appears on our records.) lity Company)
The Articles of Organization for this Limited Liability Company wer	re filed on 02/06/2015 and assigned
Florida document number L15000023483	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liability</u>	company here:
he new name must be distinguishable and contain the words "Limited Liability C	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)	——————————————————————————————————————
_	SEC.
	HAZI JUN
Enter new mailing address, if applicable:	AR. SS
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Mailing address MAY BE A POST OFFICE BOX)	70.1
	LOSIAT CONTRACT
	OZ
3. If amending the registered agent and/or registered office	address on our records, enter the name of the
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida
	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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AP	ANDREW DUNCAN		Add
			Remove
			□ Change
AP	ANGELA DUNCAN		Add
			Remove
			Change
AP	AAD GROUP, LLC	8710 W HILLSBOROUGH AVE	SEC RAdd
		#197	ARE TAR
		TAMPA, FL 33615	Chakee
			2: 0 Z
			□ Remove
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