LISCOC 72468

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COVER LETTER

TO:	Registration Sec Division of Corp			
CIID II		FLORIDA LLC		
SODJI	EC1:	Name of Lim	ited Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
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: GEORGE C DAHL Name of Person Firm/Company 12250 MENTA ST. SUITE 105 Address ORLANDO, FL 32837 City/State and Zip Code rgbookkeeping@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: GEORGE C DAHL Name of Person 407 309-0367 Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{array} \text{\$\text{\$\text{\$25.00 Filing Fee} & Certificate of Status} & Certificed Copy (additional copy is enclosed) & Certified Copy} Certified Copy Certified Copy				
		GEORGE C DAHL		
			Name of Person	-
			Firm/Company	
		12250 MENTA ST. SUITE		
			Address	
		ORLANDO, FL 32837		
			City/State and Zip Code	
		· ·	to be used for future annual report notif	ication)
For fur	ther information co			
GEOR	GE C DAHL	·		
	Name of	Person		Telephone Number
Enclos	ed is a check for the	e following amount:		
\$2.	5.00 Filing Fee		Certified Copy	Certificate of Status &
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•	Registra Divisior P.O. Bo	ntion Section	Registration Section	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOLEONE FLORIDA LLC	
(<u>Name of the Limited Liabi</u> (A Floric	da Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number L15000032408	Company were filed on 04/13/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
The new name must be distinguishable and contain the words "Lii	mited 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 ADD	DRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regi	istered office address on our records, enter the name of the neddress here:
Name of New Registered Agent:	SECAL SECAL
New Registered Office Address:	TASA E TASA
	Enter Florida street address
	City , Florida Zip Code
New Registered Agent's Signature, if changing Register	red 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>	<u>Address</u>	Type of Action
MGR	HOLEONE CORP BVI	12250 MENTA STREET, #105	
		ORLANDO, FL 32837	Remove
			Change
			Add
			☐ Remove
			☐ Change
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			□ Add
			Remove
			☐ Change
			☐ Add
			□ Remove
			Change

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JUNE 30TH 2015		
Marc Del		
Signature of a member or authorized representative of a member		
GEORGE C DAHL		_

Page 3 of 3

Filing Fee: \$25.00