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COVER LETTER

	Registration Sec Division of Corp							
SUBJEC	Т:	Ht H MC Name of Limi	ld. 43 5 116					
The enclosed Articles of Amendment and fee(s) are submitted for filing.								
Please return all correspondence concerning this matter to the following:								
		Blica	Nyme of Person					
			Firm/Company	······································				
		7767	E. Concache Address	Aur.				
		Fel rew (E-mail address: (t	City/State and Zip Code City/State and Zip Code Complete the world in the control of the contr	ation)				
For further information concerning this matter, please call:								
	Pare of	Person Person	at (<u>673</u>) 4/60- Area Code Daytime	4500 Telephone Number				
Enclosed	is a check for the	following amount:						
		,D\$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 OF

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.)			
The Articles of Organization for this Limited Liability Company w Florida document number <u>L15000037717</u>	,	and assig	gned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ty company here:			
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the	e abbreviation "L.L	C."	=
Enter new principal offices address, if applicable:	7707 E.C.	Esmernic Le	1	<u>.</u>
(Principal office address MUST BE A STREET ADDRESS)	7707 F (. Tampo, FL	334.,,	د	-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7707 E (c	33610	Asi,	- - -
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, ent	er the name o	15 the	new
		A SS	3.	r story
Name of New Registered Agent:				ڊ
New Registered Office Address:	Enter Florida street address	FE CAN	દ તે	i i j Harana Tanas
	, Florida		œ 	
New Particulation of American fit	Ciţi	Zip Code		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I a ovided for in Chapter 605, F.S. C	m familiar with Or, if this docum	and nent is	

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> Name **Address Type of Action** _□ Add ☐ Remove _□ Change ☐ Remove ☐ Change □ Add □ Remove Change Remove ☐ Change _□ Add ☐ Remove □ Change __ 🗆 Add □ Remove

□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: /// 3(3) // (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated No Con bee Signature of a member or authorized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00