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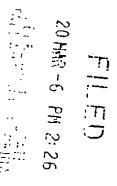
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	A IS have of Limi	1ed Liability Company	((C
The enclosed Articles o	f Amendment and fee(s) are subt	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Alisha	Name of Person	Ce Z
	HISh	DILL MONCUL	2110
	3942 (oral Heigh	
	Oak	land Pare	FL 33308
	a mel address: (1	City/State and Zip Code OUS FLONCIA to be used for future annual report noti	a gnail. confication)
For further information	concerning this matter, please ea	all:	
A (Shame	of Person	at (95'4) 7 Daytim	S 3 3 3 5 e 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)
Mailing Addr	ess:	Street Address:	wie

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

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HISHA HERRY	ndez	(()			
(Name of the Limited Liability C (A Florida Lin	ompany as it now appointed Liability Compar	pears on our records.) ny)			
The Articles of Organization for this Limited Liability Com Florida document number <u>しいらののいくなるリー</u>	pany were filed on	09/18/12	<u>015</u> a	nd assi	igned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	111				
The new name must be distinguishable and contain the words "Limited	Liability Company," t	he designation "LLC" or	r the abbrevial	tion "Ll	IC."
Enter new principal offices address, if applicable:			-1		
(Principal office address MUST BE A STREET ADDRES	<u></u>		<u> </u>	20 H	
Enter new mailing address, if applicable:			1.2	部 - の	:-
(Mailing address MAY BE A POST OFFICE BOX)			2 - Fre	PH 2: 2	<u>: II</u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on or	ir records, <u>enter th</u>	e name of t	ক <u>he nev</u>	<u>v registere</u>
Name of New Registered Agent:					
New Registered Office Address:	Enter	Florida street address			
		Flori			
	City		Ziţ	o Code	
New Registered Agent's Signature, if changing Registered A	gent:				

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 being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

•

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
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an effecti ote: If t	date, if other we date is listed, the he date inscrted 's effective date	ne date must be sp I in this block do	ecific and carr ses not meet	the applicable	ate of filing or mo	re than 90 days a	otional) fler filing.) Pursu this date will no	ant to 605.0207 of he listed as
record sp is filed.	pecifies a delaye	d effective date	, but not an e	ffective time.	, at 12:01 a.m. o	n the earlier of	(b) The 90th	day after the
ated	2-27	-20	— <u>;</u>					
			\ /	/	ed representative			

Filing Fee: \$25.00