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COVER LETTER

TO: Registration : Division of C		2	
	It For	Hallisars	LLa
SUBJECT:	Name of Limi	ted Liability Company	<u>, , , c</u>
The enclosed Articles o	of Amendment and fee(s) are sub	nitted for filing.	
Please return all corres	pondence concerning this matter t	to the following:	
		dulon Din	2 0
	A5	Name of Person Lor Adv, Firm/Company	Sors LAC
		2 Clavellat	Le Cirole
	Bo	City/State and Zip/Code	<u>-1. 33496</u>
	E-mail address: (0	renal25da	Mary COM
For further information	concerning this matter, please ex	all:	
	on Vu.nn	at (<u>56/</u>) <u>350</u> Area Code Daytimo	e Telephone Number
1	the following amount:		
△ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional 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	n_{\perp}	
That the	Hillians h	10
	ayit now appears on our records.)	
(A Florida Limited Lial	bility Company)	
The Articles of Organization for this Limited Liability Company we	ere tiled on	and assigned
Florida document number <u> </u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbr	eviation "L.L. 👺
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u></u>
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
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, <u>enter t</u>	h <u>e name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	C - C - I - C - I	
	Enter Florida street address	
	. Florida	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
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fective date is listed. If the date inserte	the date must be specific and in this block does not it.	d cannot be prior to date of tilin meet the applicable statutor	g of more than 90 days att v filing requirements, tl	ier filing.) Pursuant to 605 his date will not be liste
nent's effective da	te on the Department of	State's records.		
	a delayed effective e er the record is filed.	date, but not an effect	ive time, at 12:01	a.m. on the earlie
e 90th day afte	er the record is med.	•		
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		member or authorized reprose	2	<u>.</u>

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Filing Fee: \$25.00