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Division of Corporations

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Account Number: 120160000017 Phone : (855) 498-5500 Fax Number : (800) 432-3622

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2

Name of the Limited (A) The Articles of Organization for this Limited Liab Florida document number L16000091972 This amendment is submitted to amend the follow A. If amending name, enter the new name of the	ing: ne limited liability com is "Limited Liability Com	led on 5/11/2016	TALEANA JOEC, 14 OAL, and assigned
Florida document number L16000091972 This amendment is submitted to amend the follow	ing: ne limited liability com is "Limited Liability Com	mnany bere;	and assigned
This amendment is submitted to amend the follow	ne limited liability com		"I I C" or the abbreviation "I I C "
	ne limited liability com		"IT C" or the althoughtion "I I C "
A. If amending name, enter the new name of the	is "Limited Liability Com		"ITC" as the althoughtion "ITC"
•		pany," (ke designatio	HITCO - the abbunitation HITCH
The new name must be distinguishable and contain the word			E TTYS OF RIG SOCIOAISCON 19TTC
Enter new principal offices address, if applicab	le:		
Principal office address MUST BE A STREET.	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAYBB A POST OFFICE BO	220.		
B. If amending the registered agent and/or registered agent and/or the new registered officers.		idress on our r	ecords, enter the name of the ne
Name of New Registered Agent:	Craig Truen		
New Registered Office Address:	20281 B. Country Club	Drive, Apt. 1807 Enter Florida stree	l address
	Aventura		, Florida 33180
	- a	у	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

Kim Tadlock 8004323622

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

Title ·	Name	Address	Type of Action
AMBR	John Michaels		Ad d
		10 Cutter Mill Road	
		Great Neck, New York 11021	■ Remove
			☐ Change
	Craig Truen	10 Cutter Mill Road	
AMBR		Great Neck, New York 11021	A dd
			☐ Remove
	1		☐ Change
	Craig Truen	10 Cutter Mill Road	
MOR	· CA	Great Neck, New York 11021	Add
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Signature of a member or authorized representative of a member	The 90th day after the record is filed.
	ned November 18 , 2019
	Signature of a member or authorized representative of a member
Craig Truen Craig Truen Typed or printed name of signee	Craig Truen

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