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2017 AUG 21 PH 2: 02

J. HARRIS

COVER LETTER

то:	Registration Section Division of Corpor					
CHELEC	rar.	ANDRAS H	AUS LLC			
SOBJEC	CT:	Name of Limite	AUS LLC d Liability Company			
The encl	osed Articles of Am	endment and fee(s) are submi	itted for filing.			
Please re	eturn all corresponde	nce concerning this matter to	the following:			
		ANDR	EN ANDRAS			
			Name of Person			
			Firm/Company			
		1621 PROWMORE DR Address				
			Address			
		BRANDO	City/State and Zip Code Orecate chi	511		
		a n a	& create chi	(0)		
	E-mail address: (to be used for future annual report notification)					
For furth	ner information conc	erning this matter, please call	:			
_A+	J D126W	ANDRAS	at (\$\3) 95(Area Code Daytin	5698		
	Name of Pe	rson	Area Code Dayin	ne Felephone Number		
Enclosed	I is a check for the f	ollowing amount:				
□ \$25.	OO Filing Fee	□ \$30 00 Filling 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

At	DRAS	HAUS	UC			
(Name of the Limit	ed Liability Com (A Florida Limite	pany as it now appe d Liability Company	ars on our record	<u>s.</u>)	_	
The Articles of Organization for this Limited Li Florida document number <u>L 160000</u> °	ability Compar 19273	ny were filed on _	5 16 7	2016 and	assigned	ل ل
This amendment is submitted to amend the follo	owing:					
A. If amending name, enter the new name of	the limited lia	ability company	<u>here</u> :			
The new name must be distinguishable and contain the w	ords "Limited Lia	bility Company," the	designation "LLC"	" or the abbreviation	"L.L.C."	
Enter new principal offices address, if applic	able:			<u> </u>	2917	p.o g.ek
(Principal office address MUST BE A STREE	T ADDRESS)			377 58		1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>				2 PH 2: 02	3 T T T T T T T T T T T T T T T T T T T
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered fice address he	office address (on our records	enter the nar	ne of ti	he new
Name of New Registered Agent:	ANI	DREW 21 EVC	ANDRA	72		_ <u>-</u>
New Registered Office Address:	9	21 EVC	UD AV4	= #2		
	MIAMI	BEACH	, Flo	orida_FL	33	139
		City	-	Zip Co	xde	

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

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>	Address	Type of Action
AMB12	PAUL ANDRAS	1621 PROWMORE DR. BRANDON, FC 33511	B ∕√ud
		BRANDON, FC 33511	□ Remove
			□ Change
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			☐ Remove
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			Ren fig e
			□ Change

		
Effec	tive date, if other than the date of filing: SEP. 1, 2017 (optional)	
f an e	ffective 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 02. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.	:07 (3 as th
Note:	ment's effective date on the Department of State's records.	u., u.
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