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COVER LETTER

TO: Registration Section Division of Corpor SUBJECT:	tations + J	Alpha L	LC_
The enclosed Articles of Am	endment and fec(s) are submit	ted for filing.	
Please return all corresponde	ence concerning this matter to t	he following:	
	Joe	1 Saint F	turbain
	R+J	Name of Person HIPha LL	
	598	GAZeHa	WAY
	West Pa	In Beach F	1 334/3
-	Thurb	City/State and Zip Code Quality Quality e used for luture annual report notifica	- COM
For further information conc	erning this matter, please call:	J	_
JUPITH Name of Pe	Bulhana	at (S6) 78L	+ 15 Z-6 elephone Number
Name of Fe	13011	And out Sayuma is	
Enclosed is a check for the f	ollowing 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 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

$\rho = 0$	
KT J F	tipha LLC
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v	vere filed on 916 Zol6 and assigned
	2 S and assigned
Florida document number	251
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
, <u>inter the new name of the minted name</u>	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.E.C."
Enter new principal offices address, if applicable:	न के जिल्ला
• •	- ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off	ice address on our resounds enter the name of the new
registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City 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

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 MBR	Jean R Guille	14me west falm Beach FL33	Type of Action Add
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	-		Add
			Remove
			Change
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Dated	' .		
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- $ -$		Joel Saint Humain	

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Filing Fee: \$25.00