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PICK-UP	MAIT	MAIL
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Special Instructions to F	iling Officer	
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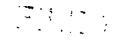
TO: Registration Se Division of Cor				
THE COLL	ECTIVE TLH LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Ivan Andre Da Costa Ruiz			
		Name of Person		
		Firm/Company		
	1238 NW 4th Street APT 4			
		Address		
	Miami, FL 33125			
	ivandacosta1990@gmail.co	City/State and Zip Code m		
	E-mail address: (to be used for future annual report notific	cation)	
For further information c	oncerning this matter, please ca	all:		
Ivan Andre Da Costa Ru	iz	÷1786 838-3979		
Name o	f Person		Telephone Number	
Enclosed is a check for the	ne 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 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



The Collective TLH LLC	291	10 KOV 13 P 3: 19
(Name of the Limited Lia (A Flo	ability Company as it now appears on our recor orda Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liabilit Florida document number L16000196060AM	y Company were filed on 10/24/2016	and assigned
This amendment is submitted to amend the following	y.	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	-	
(Principal office address MUST BE A STREET AD	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office a		ds, <u>enter the name of the new</u>
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street addr	
 -	, F	Florida 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Ivan Andre Da Costa Ruiz	1328 nw 4th Street APT 4, Miami, FL, 33125	■ Add
			Remove
			Change
MGR Juan Prats	Juan Prats	4664 NW 69th Av. Miami, FL 33166	
		■ Remove	
		Change	
		Remove	
		Change	
_ .			
			□ Remove
			Change
			Add
		☐ Remove	
		Change	
			Remove □ Change

). D. If amending any other information	on, enter change(s) here: (/	Attach additional sheets, if n	ecessary.)
 			
			-
			
			·
E. Effective date, if other than the d (If an effective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the applicable	te of filing or more than 90 days a statutory filing requirements.	ptional) fler filing.) Pursuant to 605.0207 (3)(this date will not be listed as the
f the record specifies a delayed of b) The 90th day after the recor	effective date, but not and dis filed.	effective time, at 12:0	1 a.m. on the earlier of:
Dated	. 2018		
	gnature of a member or authorized	I representative of a member	
Juan Prats			
	Typed or printed nar	me of signee	

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Filing Fee: \$25.00