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(Re	equestor's Name)	
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(Cit	sy/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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O SIMMONS DEC 19 2018

COVER LETTER

TO: Registration Section Division of Corporation				
SUBJECT: COO	w Heat	1//		
305000 <u></u>	Name of Limit	ed Liability Company		
The enclosed Articles of Ame	endment and fee(s) are subn	nitted for filing.		
Please return all corresponde	nce concerning this matter to	o the following:		
	Alejan	dro valo	leS	_
•		Name of Person		
	(£33)			_
•		Firm/Company		
	760 1		bolloge Place	~
	•	Address		
	Hialeah	E1 33	,014	_
-		City/State and Zip Code O WILLES (D) O be used for future annual re		
For further information conc			, , , , , , , , , , , , , , , , , , , ,	
Alejandro Va	11des	7 8 6	786-781-C	2150
Name of Per	Son	Area Code	Daytime Telephone Numbe	r
Enclosed is a check for the fo	_			
\$25.00 Filing Fee [□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifica sed) Certified	ate of Status &

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

	eat 1			
(Name of the Limited Li (A Fl	ability Company orida Limited Lia	as it now appears on a bility Company)	our records.)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liabili	ity Company w	ere filed on^	3/14/17	and assigned
This amendment is submitted to amend the followin	g:			
A. If amending name, enter the new name of the	limited liabilit	tv company here:	-	·
				<u></u>
The new name must be distinguishable and contain the words	"Limited Liability		. 1-	~ 1
Enter new principal offices address, if applicable	: .	760 W	747h	Place
(Principal office address MUST BE A STREET A	DDRESS)	<u> </u>		<u> </u>
	,			
				.
Enter new mailing address, if applicable:				, 38 <u>-</u>
(Mailing address MAY BE A POST OFFICE BOX	<u>0</u> .			
B. If amending the registered agent and/or r registered agent and/or the new registered office		ce address on our	r records, <u>enter</u>	the name of the new
Name of New Registered Agent:	Alejar	ndro Va	1 des	
New Registered Office Address:	760	Enter Florida si	treet address	Place
_	Hial		, Florida	33014
		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

<u>Title</u>	Name	Address	Type of Action
			□ Add
			Remove
			☐ Change
			□ Add
			₹□ Remove
			Change
			Add
			☐ Add
			Change
			☐ Remove
		***************************************	☐ Change
			
			□ Remove
			Change
			
			☐ Remove

etive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than 9. If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.		
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) days after filing.) Pursuant to ments, this date will not be	o 605.02 2 listed
ecord specifies a delayed effective date, but not an effective time, at ne 90th day after the record is filed.	12:01 a.m. on the e	arlier
d 12-19-18		
Signature of a member or authorized representative of a mem		_

Page 3 of 3

Filing Fee: \$25.00