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SECRETARY OF STATE

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COVER LETTER

TO: Registration S Division of Co		* *	. •
SUBJECT:	THASH LO	ited Liability Company	 '
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Timo	+hy Hi Hor	<u> </u>
	THAS	5 H LLC Firm/Company	-
	13301 NW	19 AUE Address	
		FL 33167 City/State and Zip Code	
	Timothe E-mail address: (H: 1400 80 & AOL	ification)
For further information	concerning this matter, please ca		
Timoths	Hilton of Person	at (<u>786</u>) <u>85</u> Area Code Daytin	ne Telephone Number
Enclosed is a check for	the 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

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

TUNCH 110

1772		<u> </u>
(<u>Name of the Limited</u> (A	Liability Company as it now appears or Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liab Florida document numberL_170000		<u> 4 / 14 / 201つ</u> and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	the following: name of the limited liability company here: tain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." f applicable: STREET ADDRESS) ble: FFICE BOX) nt and/or registered office address on our records, enter the name of the new	
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET	4DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic		our records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida	a street address
	C'A	, 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, I 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 Record

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** Address 13301 NW 19th AUENUE <u>Title</u> <u>Name</u> **Type of Action** Timothy O, Hilton Miami, FL 33167 □ Remove □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change

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	date of filing:	cannot be prior to da	te of filing or more that statutory filing requ	(optional 190 days after filing rements, this date) g.) Pursuant to e will not be	o 605.0207 (listed as tl	3)(b) he
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