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COVER LETTER

TO: Registration Se Division of Con			
SUBJECT:	3H 8 M L C	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:	
		HMM GERGES Name of Person	
		Name of Person	
	31	Firm/Company	
	3001 4	9 & STREET N. Address	
		Address	
	St. 1	City/State and Zip Code Top Vision & G ma to be used for future annual report notifi	77/0
	4	City/State and Zip Code	
	MASID.	TOPVISION eg ma	ed, Con
			(Cauon)
For further information of	oncerning this matter, please ca	ali:	
HAN	1 GARGES	at (7)7 7/0 - 7/0 - Area Code Daytime	6045
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	he 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

3H8MCCC	as it now appears on our records
(<u>Name of the Limited Liability Compan</u> (A Florida Limited L	ability Company)
The Articles of Organization for this Limited Liability Company villerida document number <u>L/7 000 87 627</u> .	were filed on 69-19-2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liability	
Enter new principal offices address, if applicable:	3001 49 th STREET N. St. PETERS RUPC 1/2 33710
(Principal office address MUST BE A STREET ADDRESS)	St. PETERSAURG TE 33710
Enter new mailing address, if applicable:	3001 49th STREET N. St. Peles BURG FE 38710
(Mailing address MAY BE A POST OFFICE BOX)	St. Peles Bull F 38710
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	SO SO
New Registered Office Address:	Enter Florida street address
	City, Florida City
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 addre	ess of each person	being added
or removed from our records:				

MGR = Manager

AMBR = Authorized Member Name **Address Type of Action** <u>Title</u> AMBR HAMZA CAFIF ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

		
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of the dat	(optional) filing or more than 90 days after filing.) Pursua	ant to 605.02 0
te: If the date inserted in this block does not meet the applicable statu	tory filing requirements, this date will no	t be listed as
ument's effective date on the Department of State's records.		
	inativa tima at 13,01 am an th	
record specifies a delayed effective date, but not an efform he 90th day after the record is filed.	ective time, at 12:01 a.m. on the	e earner o
Signapure of a member or authorized repr	,	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00