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COVER LETTER

TO: . Registration Se Division of Cor			
SUBJECT:	MT3 H Name of Lim	OMES LLC 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:	
	MARTHA	TASAMBAY Name of Person	
		Name of Person	
		Firm/Company	
	7720 HA HOU	ER PFWJ - APT 104	
		THAPY CAND 12077 City/State and Zip Code 1 becy O hot mall 1 count to be used for future annual report notitions.	
	mtasan E-mail address: (16cy Q hot mail 1-c	cation)
For further information c	oncerning this matter, please ca	all:	
MARTHA	TASAHBAY	at (<u>301</u>) <u>377 -</u> Area Code Daytime	8166
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Fifing 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

MT3 HOHES CL		
(<u>Name of the Limited Liability Comp</u> : (A Florida Limited	any as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number <u> にけるのますする42</u> 。	were filed on August 1	22 , 20 <i>17</i> and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
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		NOT THE TOTAL PROPERTY OF THE
Enter new mailing address, if applicable:		-7 C
(Mailing address MAY BE A POST OFFICE BOX)		
		9 RAH
		64
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ords, <u>enter the name of the ne</u> y
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		, 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	HARTHA TASAHBAY	4901 WINDERHERE AU KISSIMME FI	34796 Add
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Effective da	ate, if other than the dat	te of filing:			(optional)	
li an effective	date is listed, the date must be date inserted in this block	specific and cannot	, be prior to date of) days after filing.) Pur	
	effective date on the Depar			may ining require	nents, this date win	nor oc usica c
	specifies a delayed ef		but not an eff	ective time, at	12:01 a.m. on	the earlier
The 90th	h day after the record	is filed.				
Dated	JUNE, 5	z	018			
1,7,1100		——· <u> </u>	10			
			thyodea	resentative of a mem		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00