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I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT: <u>CRy</u>	PTO DISTRIB	ited Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	LUZ ZAG	Mudio Name of Person	
		Firm/Company	
	6155 NW	18657 5017 20 Address	
	Hioloph, Pl	City/State and Zip Code HOTHOIL. COM to be used for future annual report noti	
	(JUZA 38 @ E-mail address: (t	HOTHAIL. COM	fication)
	cerning this matter, please ca		
Edwin Lod Name of Po	riguoz erson	at (954) 993 Area Code Daytim	6772 e Telephone Number
Enclosed is a check for the t	following amount:		
S25.00 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

<u> </u>	oility Company as it now appears on oild Limited Liability Company)	ur roards)	
(A Flor	ida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Florida document number <u>L 170001 88 7 8</u>		9/05/2017	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here:		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designa	ition "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	DRESS)		
Enter new mailing address, if applicable:		等	2019:
(Mailing address MAY BE A POST OFFICE BOX)		:	
			21
B. If amending the registered agent and/or reg	eistered office address on our	records, enter the	name of the new
registered agent and/or the new registered office ac		÷-	ည်
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	From Elizabeth		
	Enter Florida street address		
	City	, Florida	Lip Code
	Cuit	2	up cour

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

.. ann ann Authorized Person(s) authorized to manage, enter the title, name, and address of each person being or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
MGR	LUZ A 7Q MUDIO	6155 NW 186 ST SUIT 201	🗆 Add
		hiploph, FL 33015	
		Changing from owner to MGR	The 1:776 Change
			🗆 Add
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ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated 5/28/2019 . 2019 .
Dated 5/28/2019, 2019. Luz Luw Signature of a member or authorized representative of a member
(1) 7 20400010

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00