L1700189527

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SEMANDASSEE FLORIDA

COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT: PH	- Chem. U	S ted Liability Company	
	nendment and fee(s) are subnence concerning this matter t	_	
	Angel	Perez Vellata	ne.s
	DH.C	hem. US Firm/Company	
	88701	J. Hmes Ave.	Svite 334
	Tampa a. Vellatan E-mail address: (10	City/State and Zip Code O Dix Set o be used for-future annual report notifi	Chtion)
For further information cond	cerning this matter, please ca	11:	
Angel Poxe	z Vellatane	S at (C) S) C O - Area Code Daytime	COS Telephone Number
Enclosed is a check for the f	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

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1700189527	were filed on $9/9/3017$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation "L.L.C." 8870 N. Himes Ave Suite 334 Tampa, FL 33614
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Soite 334 Jampa, FL 33614
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the nev
Name of New Registered Agent: New Registered Office Address:	AHASSEE
Tien negistrea Office Address.	Enter Florida street uddress Florida City Zin 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
AMBYZ	Amanda Hardy	8213 Canary Caryon ht	½ □ Add
	•	8213 Canary Caryon Not Tampa, FL 33647	⊠ Remove
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Effective date, if other that fan effective date is listed, the date	a the date of filli te must be specific a	ng: nd cannot be prior t	o date of filing or mo	(option re than 90 days after ti	ing.) Pursuar	nt to 605.020
Note: If the date inserted in the document's effective date on the			ble statutory filing	requirements, this o	= 33	•
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ne record specifies a del The 90th day after the	ayed effective record is filed	date, but not I.	an effective ti	me, at 12:01 a.i	n. on the	rititi III
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Dated <u>Ctober</u>	Signature of a	a member or author	rized representative of	of a member		

Page 3 of 3

Filing Fee: \$25.00