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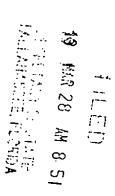
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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

	Registration Se Division of Cor			
eupir <i>e</i>	ILARION I	LLC		
SUBJEC	.I:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		John Cucuras		
			Name of Person	
			Firm/Company	
		14611 Alabaster Ave		
			Address	
		Delray Beach, FL 33076		
		ioannisc@aol.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For furth	er information co	oncerning this matter, please ca	all:	
John Cu		C.D.	561 499-1199 at () Area Code Daytim	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	l is a check for th	ne following amount:		
\$25.0	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:

TO:

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

ILARION LLC				
(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our recoited Liability Company)	ords.)		
The Articles of Organization for this Limited Liability Comp	oany were filed on	and assigned		
Florida document number L17000198108				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:	150		
HILARION LLC				
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "L	LC" or the abbreviation"L.L.C."		
Enter new principal offices address, if applicable:	N/A			
Principal office address MUST BE A STREET ADDRESS	5)	7"		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Delray Beach, FL 33076			
maning address MAT DEAT OFF OFFICE BOX	_			
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address		rds, enter the name of the		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street ada	tress		
		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
N/A			Add
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			□ Change
			Adđ
			☐ Remove
			Change 2 Add
			Remove S
			☐ Change
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	Signatu	re of a member or as	thorized represen	tative of a member		
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Filing Fee: \$25.00