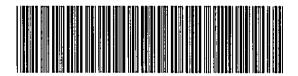
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(Requestor's Name)
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COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT:	FIKA HULDII Name of Limite	NG-LLC ed Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	ence concerning this matter to	o the following:	
	Lionel CLI	AUJE JP Name of Person	
	11/2/-	LDING LLC Firm/Company	
	12491 5	ω 134 CT Address	· · · · · · · · · · · · · · · · · · ·
	ICON 509	City/State and Zip Code Of YAHOO-COF be used for future annual report notificat	\ \
For further information con-	cerning this matter, please cal	·	
Lione C	CAUDE TR	at (30 \$) 300- Area Code Daytime Te	3600 lephone Number
Enclosed is a check for the	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

FIKA H	OLDING LLC
(<u>Name of the Limited Liabi</u> (A Flori	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on $10/33/2017$ and assigned 15.4
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
FIKA HO	mited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words "Li	
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADD	RESS)
	F.J.
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office ad-	istered office address on our records, <u>enter the name of the new</u> dress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	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
			Add
			☐ Remove
			Change
			Add
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		,	Change Change Add
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ffective date, if other than the date of filing: 9 - 18- 18 an effective date is listed, the date must be specific and cannot be prior to date of files. If the date inserted in this block does not meet the applicable status occument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effe The 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlier
Signature of abrember or authyrkus repre)
Chanting of Julius of the III I	

Page 3 of 3

Filing Fee: \$25.00