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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Heuling Jower of Joga L. L. C. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alpa Raval
Name of Person
Firm/Company
150 E. Robinson Street Unit 160
Orlando, KL 3280/ City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (407) 760 - 65% O Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$

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

1-leuling	Sower	20 70	ia L	LC	
(Name of the Lim	ted Liability Compa (A Florida Limited I	ny as it now appears .iability Company)	on our records.)		
The Articles of Organization for this Limited L	Liability Company	were filed on $\frac{1}{2}$	0-27-	and assig	;ned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of the new name must be distinguishable and contain the	erprise	S LL (	-  	he abbreviation "L.L.	<u>C."</u>
Enter new principal offices address, if appli					<del></del>
(Principal office address MUST BE A STRE)	ET ADDRESS)	· · · · · · · · · · · · · · · · · · ·			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE	BOX)				
B. If amending the registered agent and registered agent and/or the new registered of	. •		our records, <u>er</u>	iter the name of	f the new
N. CN. D. L. LA	•	•		LAKE	
Name of New Registered Agent:	<del></del>	•		- <del>**</del>	7
New Registered Office Address:	<del></del>	Enter Florid	da street address	17. F. W. L. C.	<u>L</u>
	-	City	, Florida	App.Code	<u> </u>

#### 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
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			Remove
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			□ Remove
			Change
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Note: If the dat	te inserted in this bloc ective date on the Dep	k does not meet t	the applicable stat				
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Dated	-21-18			Л		1	
<del></del>	S	gnature of a memi	per or authorizate fee	resentative of a mem	m/ ber		
	$\Omega V$	26. 0		7			
	12/1	1 Typ	ed or printed name of	of signee	<del></del>		

Page 3 of 3

Filing Fee: \$25.00