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S. PRATHER

COVER LETTER

TO: Registration Section Division of Corporations	•			
SUBJECT: Konold H	omlin Jr. Tile			
	Name of Limited Liability Company			
The enclosed Articles of Amendmen	t and fee(s) are submitted for filing.			
Please return all correspondence con	cerning this matter to the following:			
	Name of Person			
	Ronald Hanlin Jr. Tilo			
	2323 comberland P			
Tal	lahassec FL 32303			
for	City/State and Zip Code Lamlin jr 794 & Gmail Com 18-mail address to be used for future annual report notification)			
For further information concerning t				
Rome of Person	at (850) 408 - 1375 Area Code Daytime Telephone Number			
Enclosed is a check for the following	g amount:			
-	00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, tificate of Status Certified Copy Certificate of Status &			

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 Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab	ility Company were filed on	i2/11/2017	and assigned
Florida document number <u>L17000252575</u>			FIII
This amendment is submitted to amend the follows	ing:		SHIP OF
A. If amending name, enter the new name of th	ne limited liability company l	<u>here</u> :	∷ 3 3 2 2 2
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the	designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable	le:		
(Principal office address MUST BE A STREET A	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered offic		on our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	 -		
New Registered Office Address:	Enter F1	orida 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
MGR	George Hamlin	753 Pointe	C+. AP. +. D Add 3230)
			□ Remove
			☐ Change
			☐ Remove
			☐ Change
			□ Remove
			Change
			Add
			Remove
			□ Change
			☐ Remove
			Change
		 -	
			Remove
			□ Change

rective date, if other than the date of filing: (optional) In 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 605.020 teg: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed assument's effective date on the Department of State's records. Tecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. Signature of a member or authorized representative of a member Typed or printed name of bignee Page 3 of 3			<u>, , , , , , , , , , , , , , , , , , , </u>			_
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