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(Address)
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COVER LETTER

Division of Corpor	rations		
SUBJECT: HEBLO	E. 25 THE 116		
SORPECT: TICIDEO	Name of Limit	ed Liability Company	
The enclosed Articles of An	nendment and fee(s) are subm	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
	CRUS	la Williama	
		Name of Person S Dile LLC Firm/Company	
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	- Henrew	S - J. I'E LL	
		• •	
	14113	Helms St Address	.
		Address	
	1/ 2	NON 3246	-
		City/State and Zip Code	
	Coustal	DIG72@GA be used for future annual report notific	001 CDM
	E-man address: (to	be used for future annual report notific	ration)
For further information con-	cerning this matter, please ca	11;	
	3 1 1	. ,	
		at (
Name of P	erson	Area Code Dayume	rerepnone Number
Enclosed is a check for the	following amount:		/
\$25.00 Filing Fee	S30.00 Filing Fee &	☐ \$55.00 Filing Fee &	\$60.00 Filing Fee.
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
		(audinoissi cop) is enclosed	(additional copy is enclosed)
		/2	

Registration Section

TO:

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HEBREWS 7166 (Name of the Limited Liability Compar (A Florida Limited L	LLC	
(<u>Name of the Limited Liability Compar</u> (A Fiorida Limited L	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 18000 234</u> .	were filed on <u>Tan 19</u> 201	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the nan	ne of the new registered
New Registered Office Address:		:
New Registered Office Address.	Enter Florida street address	77
	, Florida	"Zip.Code—
New Registered Agent's Signature, if changing Registered Agent:		40

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 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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D. If amending any other informati	ion, enter change(s) here: (Attach additional sheets, if necessary.)
<u> remove</u>	Dorect M. D'Auteuil Brom
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F. Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the Do	date of filing:
If the record specifies a delayed effective record is filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated AN 11 208.	1025
	Signature of a member or authorized representative of a member
Derock.	TAUTC-UIC Typed or printed name of signee