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COVER LETTER

TO: Registration S Division of Co			
	ST N. LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JACOB AWAR AYUEN		
		Name of Person	
		Firm/Company	
	2433 PICASSO AVENUE		
		Address	
	HANFORD CA 93230		
		City State and Zip Code	
	AWARAYUEN2006@GM	AIL.COM to be used for future annual report notif	ă-utuan)
For further information (concerning this matter, please ca	-	icanor)
JACOB AWAR AYUE	N	402 637-3330 at ()	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional 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

6017 2ND ST N, LLC (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 Liability Company were filed on $\frac{2/28/2018}{2}$ and assigned Florida document number | L18000054190 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 2433 PICASSO AVENUE Enter new principal offices address, if applicable: HANFORD CA 93230 (Principal office address MUST BE A STREET ADDRESS) 2433 PICASSO AVENUE Enter new mailing address, if applicable: HANFORD CA 93230 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the raime at the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

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>	Name	<u>Address</u>	Type of Action
MGR	MARY BATISTA		_ ☐ Add
			■ Remove
			Change
MGR	JACOB AWAR AYUEN	2433 PICASSO AVENUE	
		HANFORD CA 93230	□ Remove
			☐ Change
MGR	ALAKIIR DENG	2433 PICASSO AVENUE	Add
		HANFORD CA 93230	Remove
			Change
			Remove
			☐ Change
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tiecontino d	ate, if other than (the data of fil	April 26.	. 2018		(optio	.al)	
lf an effective <u>Note:</u> If the	date is listed, the date e date inserted in this effective date on the	must be specific a s block does no	and cannot be pr it meet the app	licable statutor	ng or more tha ry filing requ	i 90 days after f	iling.) Pursuai	nt to 605,020 t be listed a:
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document s		yed effective	e date, but i		tive time,	at 12:01 a.	m. on the	e earli

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00