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(Re	questor's Name)	
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05/29/18--01014--001 **25.00



J. HARRIS

COVER LETTER

TO: Registration Sect Division of Corpo			
subject: <u>Hame</u>	Ag C, M Marne of Limi	HOTOXE & Ref-	SIF LLC
The enclosed Articles of A	nendment and fee(s) are subt	mitted for filing.	
Please return all correspond	lence concerning this matter t	to the following:	
		Name of Person	
(New Name)	Han	Firm/Gempany	Trices
	25743	SW 217 AVC	·
	Homest	COL, FL 3303 City/State and Zip Code) .
	M. Iva	DICZ DI @9Noi to be used for future annual report notifi	1. Cov
For further information con	cerning this matter, please ca	ill:	
Name of P	∑1Q Z erson	at (305) 979- Area Code Daytime	3408 Telephone 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:

 $TO \cdot$

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 Compa (A Florida Limited	1 1	
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000554/8</u>	were filed on 31118	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab The new name must be distinguishable and contain the words "Limited Liabi	SLLC	the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- NA	55 55 F
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		nter the name of the new
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	
	, Florid:	aZin 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 = N $AMBR = A$	1anager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			Change
		NI A	Remove
		N/ <i>H</i>	Change
			□ Remove
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Effecti	re date, if other than the date of filing: 5/23/18 (optional) entire date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)	Durenant te	\ ለ ብና ብ′	207
Note:	f the date inserted in this block does not meet the applicable statutory filing requirements, this date into the date on the Department of State's records.			
docum	in a cricetive date on the Department of State a records.			
he rec	ord specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ 0.00th day after the record is filed.	on the ea	arlier	of
The				
The	Dr., 13td 7018			
The	May 23td, 2018	> :	25 25	qc:
The	Signature of a member of signature of a member	ALLA	-44 M:	4 :
The	Signature of a member or authorized representative of a member	TALL ATTACK	¥.	
The	I.a.k	TALLAHASSET FL		

Page 3 of 3

Filing Fee: \$25.00