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COVER LETTER

ТС		egistration Se vision of Cor			
	io iezer		tep Holdings LLC		
SU	BJECT	:	Name of Lim	ited Liability Company	
Th	e enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Plo	ease retui	n all correspo	ondence concerning this matter	to the following:	
				Name of Person	
				Firm/Company	
				Address	
				City/State and Zip Code	
			E-mail address: (to be used for future annual report notif	ication)
Fo	r further	information c	oncerning this matter, please co	all:	
		Name o	of Person	at () Area Code — Daytime	Telephone Number
En	closed is	a check for th	he 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:

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 (A Florida Limited Liabilit	t now appears of y Company)	on our records.)		
ne Articles of Organization for this Limited Liability Company were	filed on	03/16/2018	and assig	ned
orida document numberL18000068981 uis amendment is submitted to amend the following:				
If amending name, enter the new name of the limited liability of	ompany her	<u>e</u> :		
e new name must be distinguishable and contain the words "Limited Liability Co	mpany," the des	ignation "LLC" or the a	abbreviation "L.l	C."
nter new principal offices address, if applicable:			5	
rincipal office address MUST BE A STREET ADDRESS)				SC
				2.7. X.C.
			- P	- 유유
nter new mailing address, if applicable:			_	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)			- 5	_ <u>====</u>
If amending the registered agent and/or registered office	address on o	our records, enter	the name of	the r
gistered agent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florid	a street address		
		121 2		
	Lity	Florida _		

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
AMBR	Edward Kobel	4023 N Armenia Ave #300, Tampa 33607	
			Change
AMBR	Fortis Kobel LLC	4023 N Armenia Ave #300, Tampa 33607	
			Remove
			Change
			Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	□ Remove
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l ective n effect	date, if other than the da	.te of filing: : specific and can	not be prior to da	te of filing or more	option (option) than 90 days after fil	al) ing.) Pursuant to 605	5.0201
<u>)te:</u> [[]	the date inserted in this block	does not meet	the applicable	statutory filing r	equirements, this d	ate will not be list	ed as
cumen	t's effective date on the Depa	rtment of State	s records,				
		ee		re			
	d specifies a delayed e Oth day after the recore		e, but not an	effective tin	ne, at 12:U1 a.r	n. on the earlie	er o
ited	May 22nd	21	018				
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Typed or printed name of signee

Filing Fee: \$25.00