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COVER LETTER

то:	Registration Sect Division of Corp			
SUBJ	ЕСТ:	Roffino Consul Name of Limit	Hing Group LLC ited Hability Company	
The er	nclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please	return all correspond	dence concerning this matter	to the following:	
		Daviel	Poffino Name of Person	
		Roffino (Name of Person Sometry Ground Licentury Ground Licentury Ground Licentury L	
		501 18	Are N. Suik 901 Address	
		St. Peters	City/State and Zip Code	<u>. </u>
		E-mail address: (1	offine consulting anxie com	fication)
For fu	rther information cor	acerning this matter, please ca	all:	
- · · · ·	Diviel Ref Name of	Person	at (<u>917</u>) <u>67070</u> Area Code Daytim	e Telephone Number
Enclos	sed is a check for the	following amount:		
50 0 \$2	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

· Hottino Consulting (oran LLC	
(Name of the Limited Liability Compa (A Florida Limited	iny as It now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000 円よらみし</u>	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	501 1st Ave N	7AE 18
(Principal office address MUST BE A STREET ADDRESS)	suite 901	SEP 2
	St. Petersbug FL. 33701	2 =
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PH 2: 59
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.	<u>e</u> :	er the name of the new
Name of New Registered Agent: Danie	A >1	•
New Registered Office Address: 50 151	Finer Florida street address	
st. Pe	Pe. H. swife 90 Enter Florida street address Charles Company Florida	33701
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

 \circ \circ

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>mer</u>	Moralin Roffino	3601 Th Ave. N.	🗆 Add
		Saint Petersbury F.L. 33713	Demove
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ective date, if oth	r than the date of filing: 9/18/18	(optio	onal)
ote: If the date inser	the date must be specific and cannot be prior to date ed in this block does not meet the applicable st		
cument's effective d	tte on the Department of State's records.		
	a delayed effective date, but not an	effective time, at 12:01 a	.m. on the earlier
ne 90th day art	er the record is filed.		
ted <u>Splembe</u>	18m 2018		
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Filing Fee: \$25.00