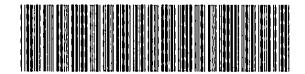
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or's Name)				
(Address)				
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(City/State/Zip/Phone #)				
WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certificates of Status				
Special Instructions to Filing Officer:				

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## **COVER LETTER**

	Registration Sec Division of Corp			
CHINIC		ID COMPANY LLC		
SUBJEC	Т:	Name of Limi	ited Liability Company	
The enclo	sed Articles of a	Amendment and fee(s) are subr	mitted for filing.	
Please ret	urn all correspor	ndence concerning this matter t	to the following:	
		MARSHA SIHA		
		<u></u>	Name of Person	
		INCFILE.COM LLC		
			Firm/Company	
		17350 STATE HWY 249	STE 220	
			Address	
		HOUSTON, TX 77064		
			City/State and Zip Code	
		EFILE1234@INCFILE.CC		
For furthe	er information co	n-mail address: (i incerning this matter, please ca	o be used for future annual report notifiall:	canon)
MARSH	A SIHA		888 462-3453	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
□ \$25.0	0 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

IHE	HYBRID COMPANY LLC	
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) Ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the a	
Enter new principal offices address, if applicable:		91 81 SE
(Principal office address MUST BE A STREET ADI	DRESS)	
-		12 PF
Enter new mailing address, if applicable:		H4
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip 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, <u>enter the title, name, and address of each person\_being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	WILLIAM A. RIVERA JR.	7030 TOWNE LAKE RD	
		RIVERVIEW, FL 33578	_ ■ Remove
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	<del> </del>		
			Remove
			Change
<del></del>			Add
		<del></del>	☐ Remove
			☐ Change
		<del></del>	Add
			Remove
			☐ Change
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Note:	ive date, if other than the date betive date is listed, the date must be so If the date inserted in this block d tent's effective date on the Depart	does not meet the applical	date of filing or more than ole statutory filing require	(optional) 90 days after filing.) Pursuant to 6 ements, this date will not be l	505.0207 (3)(b) isted as the
	cord specifies a delayed eff 90th day after the record		an effective time, a	t 12:01 a.m. on the ea	rlier of:
Dated	JUNE 21	2018			
		Desmond	Thomas		
	Sign	LILAMONO  ature of a member or author  DESMOND THOM	ized representative of a mer	nber	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00