L18000146641

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COVER LETTER

TO:

		stration Secti sion of Corpo			
SUBJEC	CT:	ETOSHA, LLC			
			Name of Lim	ted Liability Company	
The encl	osed	Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please re	turn	all correspond	lence concerning this matter	to the following:	
			NANCY REICH, CPA		
				Name of Person	
			AVIATION CPAs		
				Firm/Company	
			5525 NW 15TH AVENUE, S	UITE 203	
				Address	
			FORT LAUDERDALE, FLO	RIDA 33309	
				City/State and Zip Code	
			NANCYR@AVIATIONCPA	S.COM to be used for future annual report not	fication)
For furth	ner in	formation con	cerning this matter, please co		
NANCY	reic	CH, CPA		at (_954) _829-5930	
		Name of P	erson	Area Code Daytim	e Telephone Number
Enclosed	d is a	check for the	following amount:		
□ \$25.	,00 F	iling Fec		S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ling Address: distration Se	ection	<u>Street Address:</u> Registration Sc	
	Division of Corporations			Division of Cor	rporations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ETOSHA, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on JUNE 13, 2018	and assigned
Florida document numberL18000146641		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		2020
		: 03
Enter new mailing address, if applicable:		
(Muiling address MAY BE A POST OFFICE BOX)		3 0
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B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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, 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	Address	Type of Action
MGRM	ALPHONSO BOWE	2535 JARDIN TERRACE	🗖 Add
		WESTON, FLORIDA 33327	[\(\frac{1}{2}\)Remove
			Change
MGRM	TATIANA MARIE BOWE	2535 JARDIN TERRACE	ĎAdd
		WESTON, FLORIDA 33327	□Remove
			DRemove
			□Add
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ecord specifies a delayed ef is filed.	fective date, but no	ot an effective tim	e, at 12:01 a.m.	on the earlier of:	(b) The 90th	day after the
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	Signature of	member or author	ized epresentativ	e of a member		
	Signature of D	,,	1 ''			

Filing Fee: \$25.00