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(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Se Division of Cor			
subject: <u>Но</u> Н	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	- HOTT	Name of Person	
	Ha	Hind Firm/Company	
	2374 AC	PS STECT	
	<u> Hissimme</u>	City/State and Zip Code	
	HOHMOG E-mail address: 1	to be used for future annual report not	COM
For further information e	oncerning this matter, please e	all:	
— HOHNIN Name o	CLW10001	at (<u>~107</u>) <u>33</u> — Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 9 Division of C P.O. Box 632	Section Corporations 7	Street Address: Registration Se Division of Co The Centre of	rporations Fallahassee
Tallahassee,	F1. 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it-now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company	were filed on Tune 22,2018 and assigned
Florida document number <u>L 18000153438</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
HOHDING LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.IC."
Enter new principal offices address, if applicable:	2374 PORS STREET
(Principal office address MUST BE A STREET ADDRESS)	Hissimmes FL 3474
	HAT RO
	22 22 28 88
Enter new mailing address, if applicable:	me A
(Mailing address MAY BE A POST OFFICE BOX)	C007 = -
	_
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	ina wood
New Registered Office Address: 2374	3036 541664 Enter Florida street address
Hissic	MMGG Florida 34744 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.

HOHBIMA LUQUOL
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

Title	Name	Address 2374 RCSS Street	Type of Action
MGR	Kathina Wood	Hissimmee FL 34744	MAdd
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ective date, if other than the da o effective date is listed, the date must b te: If the date inserted in this block nument's effective date on the Depa	e specific and connot be pri k does not meet the appl	licable statutory fili	(option more than 90 days after ing requirements, this	filing.) Pursuar	nt to 605,020 , be listed a
cord specifies a delayed effective c s filed.	late, but not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th d	ay after the
ed <u>April 16, 20</u>	20	·			

Filing Fee: \$25.00