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18 HOV 19 AM 8: 40 SEUTTE SEET E LORIDA

K. SALY DEC -3 2018

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: DJC	S Znrestmant Name of Lim	Hallmo 110	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
•	Comicl H	Name of Person	
		Firm/Company	
	37115 NO	manital Ct.	
	<u>Tallahasse</u> hainvetmen	Chy/State and Zip Code	. 1700
	E-mail address: (concerning this matter, please ca		Telephone Number
Name (of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	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)
MAII	ING ADDRESS:	STRFFT/COURT	FR 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 ARTICLES OF ORGANIZATION **OF**

18 NOV 19 AM 8: 40

(A Finite Ellinea i	ластиу Сотрану)	- ()
The Articles of Organization for this Limited Liability Company Florida document number \(\bigsize \bigcup 001\frac{17405}{}.\)	were filed on ANQUSE Objable and assi	gned
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 Liabil	Ity Company," the designation "LLC" or the abbreviation "L.I.	C."
Enter new principal offices address, if applicable:	4	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Part Office Pax 190004 Tallahassee, Florida 32319	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
New Registered Agent's Signature, if changing Registered Agent:		
		la mich cha
I hereby accept the appointment as registered agent and agree	* - *	-

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

or removed from our records: 18 NOV 19 AH 8: 40 Type of Action MGR = Manager AMBR = Authorized Member <u>Title</u> Name **Address** ☐ Remove _□ Change □ Add ☐ Remove _ Change _□ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change _□ Add _□ Remove □ Change _□ Add ☐ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	$f^{z}t_{t}$, where $f^{z}t_{t}$, we have
	18 NOV .
	18 NOV 19 AM 8: 40
	TALLAMASSEE, PLOPIE
•	
(If an et Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	l
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00