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DIVISION OF CORPORATIONS
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COVER LETTER

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SUBJEC		HAN LLC.a Florida Limited L	iability Company	
SOBJEC		Name of Lim	ited Liability Company	
The enck	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	turn all correspo	ndence concerning this matter	to the following:	
		Bruce Hornstein		
			Name of Person	
		Bruce Hornstein, P.A.		
			Firm/Company	
		6961 Indian Creek Drive		
			Address	
		Miami Beach, Florida 331	41	
			City/State and Zip Code	
		bhornstein@hornsteinpa.co		
		E-mail address: (to be used for future annual report notif	feation)
For furthe	er information co	oncerning this matter, please c	all:	
Bruce He	ornstein		305 397-8476	
	Name of Person at () Area Code Daytime Telephone Number			
Enclosed	is a check for th	ne following amount:		
□ \$25.0	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

NEKKO CHAN LLC, a Florida Limited Liability Company (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{8/15/2018}{}$ and assigned Florida document number $\underline{\frac{1.18000195958}{}}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida City

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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Thomas Juan Fischer Andreu	10178 Collins Avenue Suite 205	= Add
		Bal Harbour, Florida 33154	Add
		par maroone, i minda 33124	Remove
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the record specifies a delayed) The 90th day after the rec			ot an effect	tive time, a	t 12:01 a.	m. on the	earli	er c
Dated August 23		2018	·					
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	Eclus Signature of a	member or auth	orized represen	ntative of a mer	iber			

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Filing Fee: \$25.00