Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : 120070000020 Phone : (813)435-3176

: (813)333-6358 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HOIST INTELLIGENCE SYSTEMS, LLC

Certificate of Status	0
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Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Section 1.1 2	PH 4:41

HOIST INTELLIGENCE SYSTEMS,	LLC
(Name of the Limited I	liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi Florida document number L18000204858	lity Company were filed on 08/27/2018 and assigned
This amendment is submitted to amend the followi	ng:
A. If amending name, enter the new name of th	e limited liability company here:
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:
(Principal office address MUST BE A STREET A	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u></u>
B. If amending the registered agent and/or regi agent and/or the new registered office address h	istered office address on our records, <u>enter the name of the new register</u> nere:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR BILJANA DUKIC	BILJANA DUKIC	3200 NW 5TH TERRACE	DAdd
		#5	□Remove
		POMPANO BEACH, FL 33064	■Change
			□Add
		·	□Remove
			☐ Change
			DAdd
			□Remove
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			. □Change
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			Remove

_____ □Change

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,	mation, enter change(s) here: (Attach additional sheets, if necessary.)	
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Note: If the date inserted in this	the date of filing:	5.0207 ted as
record specifies a delayed effer d is filed.	ective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	er the
08/03	2020	
Dated	,	
	ignature of a member or suborized representative of a member	
NICKOLAS J. SPR.	ADLIN, ESQ. AUTHORIZED REP. OF A MEMBER	
	Typed or printed name of signee	

Filing Fee: \$25.00