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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: HOLL	Name of Lim	MTEV PYISES LL ited Liability Company	<u>C</u>
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Britney Hodge fam 1940 CB Ponce Ve Britney	Name of Verson IN SOLL, LLC Firm/Company White Much La Address LON Florica City/State and Zip Code To be used for fulure annual-report notifica	1 32455 (DM)
For further information co	encerning this matter, please care. Person	at 352 440-	0301 elephone Number
Enclosed is a check for the	e 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)
AZ 25' A 1 1			

Mailing Address:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

The Articles of Organization for this Limited Liability Company were filed on DITION and assigned
Florida document number USCO244231.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

HOLD LUC
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:

		. Florida	
New Registered Office Address:	,	Enter Florida street address	
Name of New Registered Agent:	<u> </u>		,

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

Zip Code

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
			□Add
			□Remove
			□Change
	7-114	7	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

Page 2 of 3

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	*LLC- Hodge family resale icc
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(If an eff <u>Note:</u>	ive date, if other than the date of filing:
the red	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	May 27, 1020
	Willaston
	Signature of a member or authorized representative of a member Typed or printed name of signer