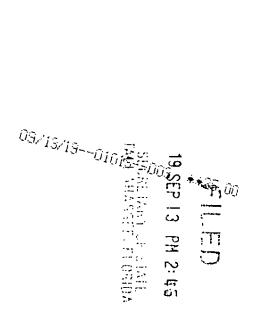
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| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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## **COVER LETTER**

| TO: Registration Section Division of Corpo | ion<br>rations   |  |
|--|--|--|
| SUBJECT:                                   | Can By Hoching Company  Name of Limited Liability Company  |  |
|  | Company Company  |  |
| The enclosed Articles of An                | nendment and fee(s) are submitted for filing.  |  |
| Please return all corresponde              | ence concerning this matter to the following:  |  |
|  | SAMUL BEIZNEAND  |  |
|  | C(AM BAY How), DGS CCC   |  |
|  | 550 Corre Dr. JE   |  |
|  | CAPE CORAC, EC 33904   |  |
| _  | City/State and Zip Code  1445/as Ta het nail. Com  E-mail address: (to be used for future annual report notification)  |  |
| For further information source             | rning this matter, please call:  |  |
| SANDE C                                    | Son at (239) 471-7785  Area Code Daytime Telephone Number  |  |
| Name of Pen                                | Area Code Daytime Telephone Number   |  |
| Enclosed is a check for the fo             | Howing amount:   |  |
| □ \$25.00 Filing Fee □                     | 1 \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,  Certificate of Status Certified Copy  tadditional copy is enclosed)  Certified Copy (additional copy is enclosed) |  |
|  |  |  |

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

TO:

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

| (Name of the Limited Lia   | ability Company as   | (t now appears on or<br>y Company)   | C C C C                                       | <b>-</b>        |                  |            |
|--|--|--------------------------------------|---|-----------------|------------------|------------|
| The Articles of Organization for this Limited Liabilit  Florida document number / \$600 2 0  | ty Company were<br>67478                                   | filed on/_                           | .2/2018                                       | _ and as        | signed           |            |
| This amendment is submitted to amend the following   | <del>2.</del>  |                                      |   |                 |                  |            |
| A. If amending name, enter the new name of the l   | limited liability c  | ompany here:                         |   |                 |                  |            |
| The new name must be distinguishable and contain the words "I  | Limited Liability Con                                      | npany," the designati                | ion "LLC" or the abbrev                       | riation L       | L.C.             | -          |
| Enter new principal offices address, if applicable:  |  |                                      |   |                 |                  |            |
| (Principal office address MUST BE A STREET AD  | DRESS)   |                                      |   | <u> </u>        |                  | _          |
|  | <del></del>  |                                      |   | T.C.            | S                |            |
|  |  |                                      |   | 72 T            | <del>'</del> -0' | 11         |
| Enter new mailing address, if applicable:  |  |                                      |   |                 | ယ                | -          |
| (Mailing address MAY BE A POST OFFICE BOX)   | ! <u></u>  |                                      |   |                 | 70               | 7.77       |
|  |  |                                      |   | 1-10<br>0-11    | 155              | ر.         |
|  |  |                                      |   | 22              | (5)              |            |
| B. If amending the registered agent and/or registered agent and/or the new registered office ac  | gistered office a<br>ddress here:                          | ddress on our i                      | records, enter the                            | <u>गेंबेल</u> । | of the           | <u>печ</u> |
| Name of New Registered Agent:  |  |                                      |   |                 |                  | _          |
| New Registered Office Address:   |  |                                      |   |                 |                  | _          |
|  | <u> </u>   | Enser Flortda stree                  | t address                                     |                 | <u></u>          | -          |
|  |  |                                      | , Florida                                     |                 |                  |            |
|  | Cu   | ).                                   |   | p Code          |                  | -          |
| New Registered Agent's Signature, If changing Register   | red Agent:   |                                      |   |                 |                  |            |
| I hereby accept the appointment as registered agen<br>provisions of all statutes relative to the proper and<br>accept the obligations of my position as registered being filed to merely reflect a change in the register<br>company has been notified in writing of this change | l complete perfor<br>agent as provide<br>red office addres | mance of my dut<br>ed for in Chapter | ies, and I am famil<br>: 605. F.S. Or. if the | iar with        | and              |            |

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            | <u>Name</u> | Ado                         | <u>Iress</u> | ,            |            | Type of Ac      | ction    |
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| an effective dat<br>ote: If the dr | e, if other than the d<br>te is listed, the date must l<br>ate inserted in this bloc<br>fective date on the Dep   | be specific and cannot it does not meet the saitment of State's not seffective date, b | be prior to date of fi<br>applicable statut<br>ecords. | line or more than 90 days  | s, this date will not b | e listed as    | the |
| : record sp<br>The 90th o          | pecifies a delayed of delayed of delayed of the record of | d is filed.  |  |  |                         |                |     |
| record sp<br>The 90th o            | pecifies a delayed day after the recor  | a is filed.  | <u>. 19</u> .  |  |                         |                |     |
| rne sour c                         | uay after the recor   | a is filed.  | · 19 .   |  |                         |                |     |
| rne sour c                         | S 21  | a is filed.  |  | entative of a member   |                         |                |     |
| rne sour c                         | S 21  | 2 is filed.  | or authorized repres                                   | entative of a member $\mathcal{E} \wedge \mathcal{N} \in \mathcal{A}, \mathcal{A}$ |                         | _              |     |

Filing Fee: \$25.00