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COVER LETTER

TO: Registration Se Division of Cor	porations	•	an an
SUBJECT:	Hoong & Mosa Name of Lin	uv 5 of Florida nited Liability Company	1440 PROBLEM
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	See The
Please return all correspo	ondence concerning this matter	to the following:	Party of
	Will	Name of Person	
	<u> </u>	1 Mozaic 904	Florida LLC
	562	Hollow Colen	Dive
	<u>Titusui</u> Willi	City/State and Zip Code Sour 57 Yahoe to be used for future armual report notifi	780
For further information e	E-mail address: (concerning this matter, please c		cation)
William Name o	Howard Person	at (<u>?W</u>) <u>362 Area Code Daytime</u>	- 2 26 4 Telephone Number
Enclosed is a check for the	he following amount:		
S25.00 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

Floors & Mosai	19 of	Florida	LAC	8	
(<u>Name of the Limited</u> (A	Liability Compa V Florida Limited	ny as it now appears of Liability Company)	on our records.)	The state of the s	,
The Articles of Organization for this Limited Lial	bility Company	were filed on <i>De</i>	xc, 21, 80	2/8 and adsigned	
Florida document number <u>L 18000 2, 9</u>	3364		,	Carlot Carlot	
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liab	ility company here	;;		
The new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company," the desi	gnation "LLC" or th	e abbreviation "L.L.C,"	
Enter new principal offices address, if applical	ole:	562 Hal	Now He	1 22780	
Principal office address MUST BE A STREET	<u>ADDRESS)</u>	Titus	ville, P	1. 32780	
			<u> </u>		
Enter new mailing address, if applicable:		***			
Mailing address MAY BE A POST OFFICE B	<u>0X)</u>				
		•			
B. If amending the registered agent and/or registered agent and/or the new registered office			our records, <u>ent</u>	er the name of the no	w
Name of New Registered Agent:	Willia	MV. HOU	dard		
New Registered Office Address:	562 /	ONOW 61	en Onr	10	
	Titube	ille	, Florida	<u> 32780</u> Zip Code	
		City		Zip Code	

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>	Name	Address	Type of Action
erident	William V Howard	562 Hollow Ulan Da. Titusville, Fl. 2278	□ Add
			Remove
			□ Change
	United Hater Corp. Agent		
	•	12702 Winding Bak UT A Tampa, F1, 29612	Remove
			Change
			🗆 Add
			□ Remove
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t <u>e:</u> If the date in	other than the dat listed, the date must be userted in this block we date on the Depar	does not meet the a	applicable statutory t	9 (op or more than 90 days at Iling requirements, ti	tional) er tiling.) Pursuant to 605.0 nis date will not be listed
ecord specif ne 90th day	fies a delayed ef after the record	fective date, bu is filed.	ıt not an effectiv	e time, at 12:01	a.m. on the earlier
ed <u>3-11</u>	L 2014	n 1 Da			
		1 / 1///			
		nature of a remoer or	r authorized representa	tive of a member	

Page 3 of 3

Filing Fee: \$25.00