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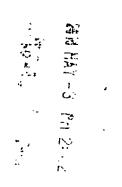
(Requestor's Name)
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COVER LETTER

TO: Registration S Division of Co			_
SUBJECT:	NHABIT A	CQUISTNOWS LLC	
The enclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	·
	BOES RA	Firm/Company Address The State and Zip Code To be used for future annual report notification.	<u> </u>
	concerning this matter, please c		991
Name (of Person	at (<u>630</u>) <u>641</u> Area Code Daytime	Telephone Number
Enclosed is a check for t	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

	WHABIT X	COVIRITIONS LLC	
	(Name of the Limited Liabil (A Florid	lity Company as it now appears on our r la Limited Liability Company)	ecords.)
The Articles of Organization	n for this Limited Liability (Company were filed on	and assigned
Florida document number _		<u> </u>	
This amendment is submitte	d to amend the following:		
A. If amending name, ento	er the new name of the lim	nited liability company here:	
The new name must be distinguis	hable and contain the words "Lin	nited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal office	s address, if applicable:		
(Principal office address M	<u>UST BE A STREET ADD</u>	RESS)	
Enter new mailing address	s. if applicable:		
(Mailing address MAY BE			
B. If amending the regi registered agent and/or the			cords, <u>enter the name of the new</u>
Name of New Reg	istered Agent:		
New Registered O	ffice Address:		
		Enter Florida street a	adress
		City	_, Florida 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Rivery, NESTOR	2200 BUTTS ROAD, Suite 30	70 □ Add
		BOCA RATION, FL 33431	Remove
			Change
Mar	CARRY, LAUREN	BOCA RATION, FL 33431	00 DV Add
	•	BOCA RATION, FL 33431	□ Remove
			Change
			Add
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effective date: e: If the date	if other than the distance inserted in this tive date on the	nust be specific ar block does not	nd cannot be pri meet the appl	icable statutory	g or more than 90	(optional) days after filing.) I nents. this date w	Pursuant to 605.020 ill not be listed a
	cifies a delayony ny after the re			ot an effecti	ive time, at	12:01 a.m. o	n the earlier
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Page 3 of 3

Filing Fee: \$25.00