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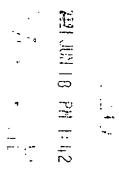
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COVER LETTER

O: Registration S Division of Co			
UBJECT:	Demo DA Name of Limite	1 L.L.C.	
	Name of Limite	ed Liability Company	
ne enclosed Articles of	Amendment and fee(s) are subm	itted for filing.	
case return all correspo	ondence concerning this matter to	the following:	
	Pani	Name of Person	· · · · · · · · · · · · · · · · · · ·
	Deno Da	7 LLC Firm/Company	· · · · · · · · · · · · · · · · · · ·
		Address	•
	HOLLYWOOD	Flue Da,	33021
	E-mail address: (to	a 1cx a G m iii be used for future annual report notif	ication)
further information c	oncerning this matter, please call	!	
Danil Al	f Person	at (GSA) 77	E Telephone Number
closed is a check for the	ne following amount:		•
325.00 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 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 OF

(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) iited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>LI 9000 696</u> 2	pany were filed on $\frac{1-25-2019}{2}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited OCLONES The new name must be distinguishable and contain the words "Limited! Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES)	WOOD WOORK, as L.L.C. Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	A i
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	Aanager Authorized Member	رين الرياد ا الرياد الرياد الريا	
Title	<u>Name</u>	Address 2521 JUN 18 PH 1: 42	Type of Action
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Signature of a member or authorized representative of a member of authorized representative of a member of authorized at the filled.							·· ·					. , !
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Filing Fee: \$25.00