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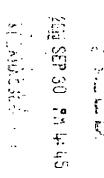
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COVER LETTER

•		COVERLETTER		
TO: Registration Sec Division of Corp				
SUBJECT:	SCIEANING AND Name of Lin	1 An DIHAN Serv ited Liability Company	ice LLC	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	S	· · · · · · · · · · · · · · · · · · ·
Please return all correspor	idence concerning this matter	to the following:		2
	CAE	x Schultz Name of Person		1. T.
	CCS Clemning	4 HANDIMAN SOT	VICE LLC	
	14 Charles	Ct Palm COASC	FL 32137	
	talm Con	£, R. 32137	7-	
	CUSCIENT E-mail address: (City/State and Zip Code 15 Oych co. Com to be used for future annual report notif	lcation)	
For further information co	ncerning this matter, please co	ıll:		
CAROL SCI	nu. ItZ Person	at (412) 720	- 215H Telephone Number	
Enclosed is a check for the	: 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)	

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

RECEIVED SEP 3 0 2019

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF	•			•
		HAN DU HOL as it now appears on ou billity Company)	O = 1- + Q	Elle 3	*
λ)	Florida Limited Lia	bility Company)			<u>.</u>
The Articles of Organization for this Limited Liab Florida document numberLIGOODAC	ility Company w	ere filed on 62	<u>/18/19</u>	and assigned	F
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	<u>ie limited liabili</u>	ty company here:			
The new name must be distinguishable and contain the word	is "Limited Liability	Company," the designation	on "LLC" or the abbr	eviation "L.L.C."	
Enter new principal offices address, if applicable	le:				
(Principal office address MUST BE A STREET A	<u>4DDRESS)</u>			··	
Enter new mailing address, if applicable:			<u> </u>		
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>		·		
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address here:	ce address on our r	ecords, <u>enter th</u>	e name of the n	<u>ew</u>
Name of New Registered Agent:					
New Registered Office Address:			_ -		
		Enter Florida stree	t address		
-			, Florida	<u></u>	
		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>	سر	Name	Address	Type of Action
Mar		Richard Schultz	14 Charles Crfling CoscFC 3213?	O Add Remove
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ecti	ve date, if other than the date of filing: (optional)
rette t <u>e:</u>	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 lf the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
unx	ent's effective date on the Department of State's records.
rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o
ne	90th day after the record is filed.
	to the De De De De
ed _	1 JEPUROLL OF . SOLY.
	(head of heading
	Signature of a member or authorized representative of a member
	$\mathcal{J}_{\alpha\alpha}$
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Page 3 of 3

Filing Fee: \$25.00