Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SUPERBIZ.COM, INC.

Fax Number

Account Number : I20070000160

Phone

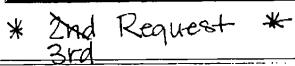
: (800)494-3124 : (305)675-2811

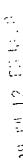
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:	_
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HAGLIGA TIMBRA LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00





## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H.19000210133.3

HAC	JLIGA TIMBRA LLC		
(Name of the Limited Liability (A Florida	ly Company as it now appe	ars on our records.)	
(A Florida	Limited Liability Company	)	
		17.17.03.2010	
The Articles of Organization for this Limited Liability C	ompany were filed on _	JULY 03, 2019	and assigned
Florida document number L19000164283			
Promis document number	<del></del> '		
This amendment is submitted to amend the following:			
This antendent is subtimed to altered the following.			**** >= []]
A. If amending name, enter the new name of the lim	ited liability company	here:	
W. II amenous times and the same and a same			
<u> </u>			<u>⇒&gt; N</u>
The new name must be distinguishable and contain the words "Lim	ited Lisbility Company," the	designation "LLC" or the	abbreviation "L.E.C."
Enter new principal offices address, if applicable:	·-·	<del></del>	<del></del>
(Principal office address MUST BE A STREET ADDI	RESS)		
	<del></del>		
Enter new mailing address, if applicable:			
•		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			
•			<u></u>
•		<u> </u>	
			n the name of the new
B. If amending the registered agent and/or regis	stered omce address	on our records, ente	the name of the new
registered agent and/or the new registered office add	ress pere:		
Name of New Registered Agent:			
Name of New Negistered Agent.			
New Registered Office Address:			_
TINE TARBUTAN ATTION TARMANN.	Enter F	Torida sireei address	
		, Florida _	40. 41. 1
	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

4.19000210133.3

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	LAURA F WHITE	837 SUNNY STROLL DR	
		MIDDLEBURG, PL 32068	☐ Remove
			Change
			DAdd
			□ Remove
			Change
			. C Remove
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ated _	JULY 10	2019	
		<del></del> ,	
	/s/	Joseph White	<u> </u>
	-	Signature of a member or authorized representative of a member	対照 ト
		JOSEPH WHITE	្តី <b>ភ</b> ភូមិ 🚍
		Typed or printed name of signee	
	·	Tablest of hintest frame of signee	1 A A A