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C. GOLDEN SEP 2 7 2019

COVER LETTER

TO: Registration Sc Division of Cor			,
SUBJECT: The Y	Nddox Tem	Inchange # Ed Liability Company	Hoding Group LLC
	,		
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	indence concerning this matter to	the following:	
	Markesan	Name of Person	
		Firm/Company	
	3088 Harpe	rs terry Dr	
	Tallahass	City/State and Zip Code	
	NOTE-mail address: The	The used for future annual report notifi	teanon)
For further information of	! concerning this matter, please ca		
MOESSON Name of	MUIANIA Bi Person	at (9.50) 322 Area Code Daytime	GOG 4 Telephone Number
Produced is a should for	A. C. Harrison amount		
Enclosed is a check for t		FRANCE OF PIPE PER B	F 640 00 Diller Day
☑ \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ALQUST 21 209 and assigned Florida document number <u>L1900()</u>21.329 L This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "E.E.C. or the abbreviation "L.L.C. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending or removed	Authorized Person(s) authorized to m from our records:	anage, enter the title, name, and address of each po	erson being added
MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Muhammad Miphid	Address 11741 Saticay St. Wath Can	1005 105 107
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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- Effecti	ive date, if other than the date of filing: 9\27\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(If an eff <u>Note:</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 605.0207 (3 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
he red The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	September 27. 2019-
	Ullyoungh Ullyshi
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00