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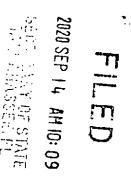
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COVER LETTER

TO: Registration Sectorial Division of Corp.			
SUBJECT:	My Kwa How Name of Limi	NUS UCC	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Taj-Jasna	Name of Person	
	<u></u>	Firm/Company	
	8201 Pé	1ers Road Si	11te 1000
	Plantatio	ON FL 333	24
	Mykoa II IE-mail address: ()	ON FL 333 City/State and Zip Code NOST QMA to be used for future annual Jeport notific	dianon)
For further information cos	ncerning this matter, please ca		
Taj-Jasna Name of	Casimir	$\frac{1}{2} \text{ at } (\frac{786}{223}) = \frac{223}{2}$ Area Code Daytime	S568 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 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

Mykoa Homes Wame of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records.)
The Articles of Organization for this Limited Liability Company of Florida document number 4900220523	0/02/00/0 " =
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabil	in the second se
The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ty Company," the designation "LLC" or the abbreviation "LLC" 8201 Peters RCOd Suite 1000 Mantation FL 33324
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Suite 1000 Plantation FL 33324
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address: Planto	SNG CASIMIK 1 PETERS ROAD SUITE 1000 Emer Florida street address 1 HON 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MER	Taj-Jasna Casimir	8201 Peters Road	□Add
		Suite 1000	
		Plantation FL 33324	Change
MER	Steve Turnier	8201 Peters Read	□Add
		Suite 1000	□Remove
		Pantation FL 33324	
			Remove.
			Remove
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Filing Fee: \$25.00