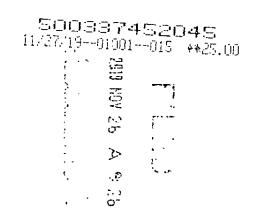
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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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LTD Partnership File  Foreign Corp. File  L.C. File  Fictitious Name File  Trade/Service Mark  Merger File  Art. of Amend. File  RA Resignation  Dissolution / Withdrawal  Annual Report / Reinstatement  Cert. Copy  Photo Copy  Certificate of Good Standing  Certificate of Fictitious Name  Corp Record Search  Officer Search  Fictitious Owner Search  Fictitious Owner Search  Vehicle Search  Driving Record  Requested by: BA  11/26/19  Name  Date  Time  UCC 11 Search  UCC 11 Retrieval	HINSON KORINE L	LLC			
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Annual Report / Reinstatement  Cert. Copy  ✓ Photo Copy  Certificate of Good Standing  Certificate of Fictitious Name  Corp Record Search  Officer Search  Fictitious Search  Fictitious Owner Search  Vehicle Search  Driving Record  Well Pick Up  UCC 11 Search  UCC 11 Retrieval  UCC 11 Retrieval  UCC 11 Retrieval  Courier  UCC 11 Retrieval  Courier					RA Resignation
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Walk-In         Will Pick Up         Courier	Name	<del></del>	Time		UCC 11 Search
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		-			Courier

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

15.0

Hinson Korine LLC		
( <u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on our records rida Limited Liability Company)	D 2519 Nov -
The Aminha of Conscious South Living I in the J. 1919	09/24/2019	and assigned
The Articles of Organization for this Limited Liability	Company were filed on	and assigned
Florida document number L19000233541	·	and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	mited liability company here:	
CARALUCE LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI		<del></del>
Trincipul Office duaress 11031 DE A STREET ADI	ZKE3S/	<del></del>
Enter new mailing address, if applicable:		<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register	ed office address on our records, enter t	he name of the new registered
agent and/or the new registered office address here	;	
Name of New Registered Agent:	<del></del>	
New Registered Office Address:		
new Registered Office Address.	Enter Florida street address	
	, Flor	ida
	City , F101	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>	<u>Name</u>	Address	Type of Action
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			□Change
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ne record specifies a delayed The 90th day after the reco	effective date, but no rd is filed.	t an effective time	, at 12:01 a.m. on the	e earlier of
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Dated November 26	Maky	- L'Hirmon		
Dated November 26			member	

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