Division of Corporations

Florida Department of State



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BURKE FAULKNER LAW, P.A.

Account Number : I20150000064 Phone : (727)781-7428 : (727)214-2814 Fax Number

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

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 13 H AN D HOLDINGS LLC

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ARTICLES OF AMENDMENT TO

| | ARTICLES OF | ORGANIZATION | H19000362671 3 |
|---------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------|
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| <u>,र</u> | ; | | |
| 13 H AN | D HOLDINGS LLC | | <u> </u> |
| 8 | (Name of the Limited Liability Comp (A Florida Limited | any as it new appears on our reser Liability Company) | <u>.</u> |
| he Articles of Organi | ization for this Limited Liability Compan | y were filed on 11/15/2019 | and assigned |
| lorida document num | ber 1.19000285204 | | |
| This amendment is sub | omitted to amend the following: | | |
| A. If amending name | e, enter the new name of the limited lia | bility company here: | |
| The new name must be dis- | tinguishable and contain the words "Limited Liab | ility Compuny," the designation "Ll | .C" or the abbreviation "L.L.C." |
| Enter new principal (| offices address, if applicable: | | |
| Principal office addre | ess MUST BE A STREET ADDRESS) | | 2018 |
| | | | A H |
| | | | |
| Enter new mailing ad | ldvece if applicable | | |
| _ | • | | U () |
| Mailing address MA | Y BE A POST OFFICE BOX) | | |
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| | egistered agent and/or registered office registered office registered office address here: | address on our records, ente | r the name of the new register |
| Name of Nev | w Registered Agent: | | |
| New Registe | red Office Address: | Enter Florida street oddr | nt 9s |
| | | | |
| | | , F | FloridaZip Code |
| | | Сiţ | Lip 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.

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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 |
|--------------|------------------|-----------------------|----------------|
| AMBR | HEATHER ALQINNEH | 13 Oak Avenue | |
| | | Palm Harbor, FL 34684 | ■Remove |
| | | | Change |
| MGR | HEATHER ALQINNUH | 13 Oak Avenue | = Add |
| | | Palm Harbor, FL 34684 | Remove |
| | | | □ Change |
| MGR | DAVID B TURNER | 13 Oak Avenue | ≅ Add |
| | | Palm Harbor, FL 34684 | □Remove |
| | | □Change | |
| | | • | |
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