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-	(Requestor's Name) (Address)						
	(Address)	300354					
,	(City/State/Zip/Phone #)						
Ì	PICK-UP WAIT MAIL						
	(Business Entity Name)						
	(Document Number)	11/12/20~					
ı	Certified Copies Certificates of Status						
	Special Instructions to Filing Officer:						

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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Corp	orations -		.g₹
SUBJECT:	HOSOM, UC		* * * * * * * * * * * * * * * * * * *
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Bresn Cu	uning Hafu	<u>,</u>
		Name of Person	
	Breys	MY & Associates, P.A.	
		Firm/Company	···
	8217	W 11974 STESST, SW	167JT
	<u> </u>	Address	11.000
	. 1	D. 00101	
	<u> </u>	City/State and Zip Code	
	E-mail address: (1	THE BRIANCUMANIENT TO be used for future annual report not	fication)
For further information co	ncerning this matter, please co		
0 (^	4 -4 092 1	24.0
Name of	LENGTH HE TEAM	at (154) 802 - 7	e Telephone Number
radic 021		71102 0002	
Enclosed is a check for the	e 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:	=""	Street Address:	
Registration Se		Registration Se	
Division of Co P.O. Box 6327		Division of Co The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

 \cap

Gros ou UC		
(Name of the Limited Liability Compa) (A Florida Limited I	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number <u>L200000 [8382</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ty Company," the designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:	847 New 1197H STEBET	22
(Principal office address MUST BE A STREET ADDRESS)	SIMTE 205-F MIANU PL 331165	020 N
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	87 NW 119TH FREET SWIF 205-F MIANI FL 33WY	FILED V 12 MHIL: 38
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 reg
Name of New Registered Agent:	WWW 1978+ STROET, SILV	
New Registered Office Address: 841	MM 1974 STROFT, SMI Enter Florida street address	e 205
	Migau, Florida	331WF
	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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with ana accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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 or removed from our records: MGR = Manager AMBR = Authorized Member **Type of Acti Address** Title Name Gronzau MAKRINEZ MARIUEL BURBARW N8-05 DADD

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Filing Fee: \$25.00