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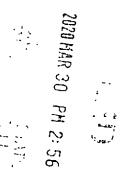
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O SIMMONS APR 10 2020

COVER LETTER

TO: Registration Security Division of Corp			
SUBJECT: 49	nd H Custom Co	hinds 110	,
30BJECT		ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Hario	E Despaigne	
		Name of Person	
		Firm/Company	
		1 min Company	
	1436 S	wan Pt	
		Address	
	12	0	
	<u> Kissimmu</u>	Pl 34759 City/State and Zip Code	
	à		_
	E-mail address: (to be used for future annual report not	10. COM
For further information of	oncerning this matter, please co	all:	
rot further anormation of	oncerning this matter, please co	att.	
Hano F	Desmiane	at (407) 873	-1000
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
	-	E according to a	□ #<0.00 PU
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
	-		(additional copy is enclosed)
Mailing Addres	·e·	Street Address:	
Registration S		Registration Se	ection
Division of C	Corporations	Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		4 1000			
The Articles of Organization for this Limited Liability C	ompany were filed on	1012020 and assigned			
Florida document number <u>L2000</u> S3337	<u>_</u> .				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limi	ited liability company here:				
		2020			
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the design	ation "LLC" or the abbreviation L.L.C."			
Enter new principal offices address, if applicable:		ω			
(Principal office address MUST BE A STREET ADDR	(ESS)				
.					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered	d office address on our recor	ds, enter the name of the new registe			
agent and/or the new registered office address here:					
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida s	treet address			
•		, Florida			
· 					
· ———	City	Zip Code			

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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	J	Kissimmee fl 34759	
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Dated <u>3</u>	1261		$\frac{202}{1.4}$)				