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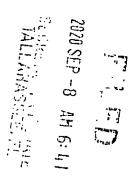
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. . . COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: HUTCA Solution	ns, LC
Name of Limited I	Liability Company
The enclosed Articles of Amendment and fee(s) are submittee	ed for filing.
Please return all correspondence concerning this matter to th	e following:
Essica	Heca
	Name of Person
Hueca	Solutions, LLC Firm/Company
623 NU) 13th St. Address
<u>Cape C</u>	Oral Fl. 33993
E-mail address: (to be	ty/State and Zip Code HOSICOGMOII. COM used for future annual report notification?
For further information concerning this matter, please call:	202
Josqua Hueca	239, 4716101
Name of Person	Area Code Daytime Telephone Number 🥳 🛴 😡
Enclosed is a check for the following amount:	
_/	S55.00 Filing Fee & S60.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ed Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number L 2 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 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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		cape Coral, F1.3	2993 □Remove
			□Change
			
			□Remove
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	HASTON TO STATE OF THE STATE OF	⇔Kemov®	
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	771. 171	<u> </u>
Effective data if other than the date of filling.	(ontional)	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or Note: If the date inserted in this block does not meet the applicable statutory findocument's effective date on the Department of State's records.		
document's effective date on the Department of State's records.		
the record specifies a delayed effective date, but not an effective time, at 12:01 a.n cord is filed.	m, on the earlier of: (b) The 90th o	day after the
Dated Sciptomocr 3 2020		
Signature of a member or authorized representati	ive of a member	
	155 10 7 105 1015 1	

Typed or printed name of signee