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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

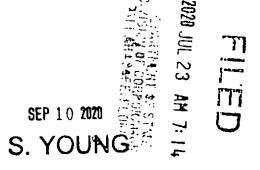
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COVER LETTER

TO: Registration Section Division of Corporations	
Eresco counts	
SUBJECT: Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Destruct Name of Person	
Firm4 conpony	
5200 NW 16th St	
City/State and Zip Code DFV: SCO954@GMail Com E-mail address: (to be gold for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (954) 839 - 5922 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Cortified Copy (additional copy is enclosed) S60.00 Filing Fee. Certificate of Statu Certified Copy (radditional copy is enclosed)	
Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hisso Sour	dz	
(<u>Name of the Limited L</u> (A F	iability Company as it now appears o lorida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liabil Florida document number 1200016919	ity Company were filed on <u> </u>	30/86 Francissigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here	• -
The new name must be distinguishable and contain the words Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	<u> </u>	gnation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BQ)		
The state of the s	<u> </u>	
B. If amending the registered agent and/or regis agent and/or the new registered office address he		ords, <u>enter the name of the new registerec</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
		Florida
	Cin	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 adder or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Dobaws Chairmant	5000 NW 16th of Lauderhill, FL	XAdd
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			□Remove
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