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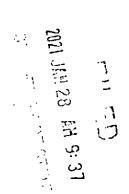
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

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OR 3/12/21

COVER LETTER

TO: Registration S Division of Co			
subject: <u>ИАР</u> Р	y HAUliNG T	PANS POPT L P	(C
,	/ Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	FElix A. M	Name of Person	_ _
	FAH GA	VSVITING LLC Firm/Company	
	10300 So	NSET DR. #	451
	MIANI F	City/State and Zip Code CFAH CONSULTING to be used for future annual report no	
	FHEKNAMEZ E-mail address: (CFAH CONSULTING to be used for future annual report no	VE LL C. COAJ tification)
For further information of	concerning this matter, please ca	all:	
FElix A. Name o	HELVAIDEZ of Person	at (<u>3//5</u>) <u>9/8-</u> Area Code Daytin	me Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HADON HAVING TRAI	rsport LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)		
The Articles of Organization for this Limited Liability Compar	ny were filed on	0	and assigned
Florida document number <u>L 2 00 0 0 2195723</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or t	he abbi	reviation "L.L.C."
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 agent and/or the new registered office address here:	address on our records, enter the r	name	of the new registered
		1 1	2021
Name of New Registered Agent:			JA L
New Registered Office Address:	<u> </u>		22 23
	Enter Florida street address		2
	, Florida	·:	<u> </u>
	City		Etp 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 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
MGC	ADRIAN GONEZ	3350 NW 176 et	
	•	MIAMI GARDONS F. 33050	Remove
			□Change
MER	ADRIAN ASENCIO GOMEZ	3350 NW 1765	EAdd
		MIAMI GARDENS F. 33056	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change

an et lote: ocun	ive date, if other than the date of filing:
l is fi	led.
ated	1- 25- 3021 Signature of a member or authorized representative of a member
	APPROPRIATE APPROPRIATE OF APPROPRIATE APP
	FEIN A. HERNANDEZ Typed or printed name of signee