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COVER LETTER

FO: Registration Secti Division of Corpo			
SUBJECT: HOVO		dy Man LLE ted Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are subt	mitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	
	Olivia	Name of Person	16
		Firm/Company	
	_6110 Sonn	Y Lane Address	
	Crestvi	CW FL 3253 City/State and Zip Code	q
		City/State and Zip Code CIV/UNG V WIGHT G V o be used for future annual report no	
For further information con-	cerning this matter, please ca	ıll:	
Olivia OSO(Name of Pa	10 Aguirre	at (450) 974 Area Code Daytir	re Telephone Number
Enclosed is a check for the	following amount:		
X \$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:
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

-larold the (Name of the Limited 1	NAMAYWAN LLC Liability Company as it now appears on of Florida Limited Liability Company)	1(: -1 : 3: "6 our records.)	
The Articles of Organization for this Limited Liabi Florida document number <u>LZ00002592</u>	lity Company were filed on AUG		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company here:		
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designa	ation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.)	<u></u>		
B. If amending the registered agent and/or regisagent and/or the new registered office address h		ls, enter the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
-	20	, Florida	
	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 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address 2729 Of -5 Pi 3: 06	Type of Action
AMBR	Harold Osorro Aguirre	6110 Sonny LVI	Add
		Crestitem FL 32539	□Remove
			□Change
AMBR	Oltva Osono Agarre	6110 SONNY LN	X Add
		Cvertvew FL 32539	□Remove
			□Change
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