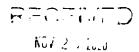
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| Special Instructions to | Filing Officer: | <u> </u> |
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COVER LETTER

| TO: Registration Sec Division of Corp | orations | | |
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| Ŕnc | HOO'LOU'LAG | 200 vio * 1 1 C | |
| SUBJECT: | Name of Lin | oited Liability Company | |
| | Name of Lin | med maining company | |
| | | | |
| The enclosed Articles of A | unendment and fee(s) are sub | omitted for filing. | |
| Please return all correspon | dence concerning this matter | to the following: | |
| | Roc | CO NANKERVIS | |
| | | Name of Person | |
| | Roc Hospit | Name of Person SPIFALITY GROUP UC Firm/Company 78 In St #1 Address 33143 City/State and Zip Code LITYGROUP GMAIL. COM Iress: (to be used for future annual report notification) ease call: at (786) S66.00 Filing Fee & S60.00 Filing Fee. | |
| | | • • | |
| | 5631 SW 78 | tn St #1 | |
| | | Address | |
| | Miami, FL 33 | 3143 | |
| | , | City/State and Zip Code | |
| | | | |
| | | · | icanon) |
| For further information co | ncerning this matter, please c | all: | |
| Rocco Navi | EXIS | at (786) 566, (| 1908 1 |
| Name of | | Area Code Daytimo | Telephone Number |
| Enclosed is a check for the | following amount: | | |
| □ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | Certified Copy | Certificate of Status & Certified Copy |
| Mailing Address: | : | Street Address: | |

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

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

| (<u>Name of the Limited Liabili</u> (A Florida | ity Company as it now appears on our a Limited Liability Company) | records.) |
|--|--|--------------------------------------|
| The Articles of Organization for this Limited Liability C Florida document number <u>L20000294173</u> | Company were filed on9/18/ | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lim | ited liability company here: | |
| The new name must be distinguishable and contain the words "Lim | nited Liability Company," the designation | n "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | · · - |
| (Principal office address MUST BE A STREET ADDR | RESS) | |
| | | 2020 |
| | | 200 NOV |
| Enter new mailing address, if applicable: | | ~ |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | d office address on our records, | enter the name of the new regist |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida stree | address |
| | | Florida Zip Code |
| | 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 | Type of Action |
|--------------|-----------------|--------------------------------------|------------------|
| AMBR | ROCCO NANKERVIS | 5631 SW 76th St #1 | □Add |
| | | M.AM; FL 33143 | Remove |
| | | | Z Change |
| AMBR | Shorey Hardin | 5631 SW 784h 81. #1 | |
| | | 56315W 784h 81. #1 MAMI, FL 33143 | □Remove |
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| reffective date is liste te: If the date inse | ner than the date of filing, the date must be specific a reed in this block does not date on the Department of | nd cannot be prior to da t meet the applicable | ate of filing or more than 9 | (optional) 0 days after filing.) P ments, this date w | ursuant to 605.020 III not be listed a |
| s filed. | layed effective date, but n | | | rlier of: (b) The ^c | 90th day after the |
| ed Septen | nber 19ti | . 2020 . | | | |
| | _ Ku |) He | d representative of a men | | |
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