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(Business Entity Name)			
(Document Number)			
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COVER LETTER

TO: **Registration Section** Division of Corporations 4

SUBJECT: AHF AULDINGS LLC 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:

ARIDEL HORALES Name of Person AHF HOLDINGS LLC 13919 PATHFINDER Dr Address TAMPA FLORDA 33625 City/State and Zip Code E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARIDEL MORALES at (813) 4474598 Name of Person Area Code Davime 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

AHF HOLDINES LL (Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.)
The Articles of Organization for this Limited Liability Company were file Florida document number $\angle 20000333249$.	ed on $\underline{i2/06/2021}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liability com</u>	-
The new name must be distinguishable and contain the words "Limited Liability Compa Enter new principal offices address, if applicable:	ny," the designation "LLC" or the abbreviation "LLC."
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	(+)

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	dress
	 City	Florida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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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, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	<u>Type of Action</u>
MGR	MIRNA PEREZ	13919 PATHFINDER by	XAdd
		TAMPA FI 33625	🗆 Remove
			🗖 Change
		<u> </u>	🗆 Add
			🗆 Remove
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			🗆 Remove
			□Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: ______(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated MARCH 20 , 2023 . Q

Signature of a member or authorized representative of a member

ARIDEL MORALES