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(Red	uestor's Name)	
(Add	lress)	
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(City	/State/Zip/Phone	e #)
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COVER LETTER

FO: Registration Se Division of Cor			
SUBJECT:	tembel LLC Name of Limit	ited Liability Company	. <u></u>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	And	rea Crizzin Name of Person	999 <u>-</u> ,
	Hembe	Firm/Company	
	5820 MW/	Mn Place apt	110
	<u> </u>	EFL 355/3 City/State and Zip Code	
	htmbel body	Are O MAII. Cor	fication)
For further information c	oncerning this matter, please ca		
Andrea Name o	GNAAP FPerson	at (<u>1754</u>) <u>215 - U</u> Afea Code Daytim	0549 te Telephone Number
Enclosed is a check for the	ne following amount:		
\$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

Hembei L	.LC	
(Name of the Esmiled Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company where $\underline{L2/DDD19392}$.	vere filed on JANVary 4	202 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company "the designation "LLC" or the	abbreviation "L.L.C."
	y company, and assignation 525 of the	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		بخ
		3
		. 전
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		e e e e e e e e e e e e e e e e e e e
		. 2
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	idress on our records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida sweet address	
	, 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

f 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 Type of Action Γitle **Address** Name 777 NW 155th lane apt 915 DAdd
Miomi, Florida 33169 Defemove Dedrick Brime ☐ Change □Add _ 🗆 Remove 1583 □ Change _____ □Change __ Change __ 🖾 Add Remove _ □Change Remove

□Change

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effective date is listed, the e	date must be specifi this block does t	c and cannot be not meet the a	prior to date of pplicable stat	f filing or more th utory filing req	an 90 days after uirements, this	filing.) Pursuant to 605. date will not be liste
ument's effective date o	n the Department	of State's rec	ords.			
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cord specifies a delayed filed.	effective date, but	t not an effec	tive time, at 1.	2:01 a.m. on tn	e earner of: (b)	i ne som day after
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