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21 JUN-1 PH 3: 56

COVER LETTER

TO: Registration Section of Corp			
subject : <u> МСД</u> (On Priver O Name of Limi	UHFIHEYS LLC	<u></u>
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	hyslync	Name of Person	
	Maylon P	Firm/Company	iers_
	1704 Ube	MCINTOSM PC Address	X
	Plant C	City/State and Zip Code	5
	LINGUIONY VO E-mail address: (0	evocation future annual report noti	UCIMO, COM
For further information con	ncerning this matter, please ca	all:	
Kydynn C Name of I	Person	at (S13) 758 Area Code Daytim	C1331 e Telephone Number
Enclosed is a check for the	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		Street Address:	

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

Name of the Limited Liability Company as it now appears on our records.	рн 3: 56	
(Name of the Limited Liability Company as it now appears on our records. (A Florida Limited Liability Company))	_

·		
The Articles of Organization for this Limited Liability Company Florida document number <u>L210001313</u>	y were filed on <u>CAN 20, 202</u> and as	ssigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company." the designation "LLC" or the abbreviation "	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 name of the n	w registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

$\mathbf{AMBR} = \mathbf{A}$	nanager Authorized Member	rc.	
<u>Title</u>	Name	Address 21 JUH - 1 PH 3: 56	Type of Action
Amor	helsey Ham_	1602 Le Maintain ra	Z □Add
		Plant City FL 33565	DRemove
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. If amending any other information, enter c	change(s) here: (Attach additional sheets, if necessary.)
	2. 2. 56
	change(s) here: (Attach additional sheets, if necessary.) 21 JUN - 1 PM 3: 56
	
	
	nd cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) meet the applicable statutory filing requirements, this date will not be listed as the
the record specifies a delayed effective date, but no cord is filed.	ot an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated MCV 21	., 2021.
WC10111	
I' I' Signature of a	member or authorized representative of a member
K. 151	
- 1 14 21(41) A	Typed or printed name of signee