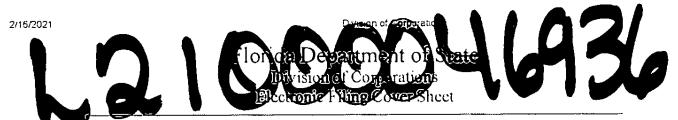
To: 18506176383 From: 19165767019 Date: 02/16/21 Time: 11:10 AM Page: 02/05



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000064696 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : PARASEC

Account Number : I20180000086

: (916)576-7000

Fax Number

: (800)603-5868

**Enter the email address for this business entity to be used for futpre annual report mailings. Enter only one email address please. **

Email Address: RLOPS@PARASEC.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN A1A HOTSHOTS LLC

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Help

To: 18506176383 From: 19165767019 Date: 02/16/21 Time: 11:10 AM Page: 03/05

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

**		
A1A Hot	shots LLC	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.)	
(2) Frontia Emilieu E	submy sempuny,	
The Articles of Organization for this Limited Liability Company	were filed on 1/22/2021 and as	ssigned
Florida document number L21000046936		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "l	r r c
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	202) S.E.	
Tracipal office daw e.g. Property	一	-
	5 6	1
Enter new mailing address, if applicable:		
•	10-10 K	
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		e of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zip Code	e

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

è.

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

To: 18506176383 From: 19165767019 Date: 02/16/21 Time: 11:10 AM Page: 04/05

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Trace Chandles	1300 Old Mission Rd #612	
			₩ Remove
		New Smyma FL 32168	Change
	·	<u>:</u>	Add
			□ Remove
			Change
		·	Add DO Add
		·	Change.
			The Add
		·	□ Remove
			_ Change
	 	<u> </u>	
		<u> </u>	Remove
			Change
	 	·	Add
			Remove
			Change

To: 18506176383 From: 19165767019 Date: 02/16/21 Time: 11:10 AM Page: 05/05

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

2021 FEB 16 PH 4: 45 8508 FEB 27: 37:37/1

F	Effective date, if other than the date of filing:	(optional)
	att an affective data is listed, the date must be specific and cannot be prior to	o 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 applica	ble 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	2-12-, 2021.
	Signature of a member of arthurwed representative of a member
	Christopher Chundler Typed or printed name of signee

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