LZ1000138704

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COVER LETTER

Division of Corp	orations		
SUBJECT: How	By Berenic Name of Limi	ed Liability Company	160
The enclosed Articles of A	cmendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Bernico	Pi Chardo Name of Person	
	Hour by	Berenia pic	heurdo LLC
	2115 Hear	th wood Ci	
	Orlando,	£1 32838 City/State and Zip Code	
	blorenzo E	59 79 (2 9 mci) o be used for future afinual report notif	fication)
For further information co	ncerning this matter, please ca	dl:	
Berenice Name of	Pichowdo	at (407) 473	-9244 e Telephone Number
Enclosed is a check for the	e 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)

TO:

Registration Section

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

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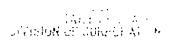
21 APR 12 AH 10: 40 The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L21000138704</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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:

MGR = Manager AMBR = Authorized Member



<u>Title</u>	<u>Name</u>	Address 21 APR 12 AM 10: 40	
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be p	prior to date of fili	ng or more than 90	(optional days after filin	l) g.) Pursuant to 60	05.0207
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cord specifies a delayed effective date, but not an effective filed.	ve time, at 12:0	l a.m. on the ear	lier of: (b) T	he 90th day af	ter the
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Signature of a member or a	authorized represe	entative of a memb	er		