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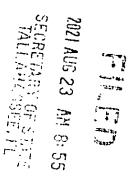
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TO: Registration Sec Division of Corp			
SUBJECT:	Must the Marie 116		
	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	Mati	thew Dodge	
	Mar	Hheus Hovin	<u> </u>
		Barana St Address	
	Port Ch	crivite FL 339	780
	Matt E-mail address: (City/State and Zip Code Doclar 30 Code to be used for future annual report notion	omail, com fication)
For further information co	oncerning this matter, please ca	all:	
Vicole Name of	Hacey	at (724) 493 Area Code Daytin	4788 e Telephone Number
Enclosed is a check for th	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)

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

ARTICLES OF ORGANIZATION

	Or		, ,	
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HOTTHELD	5 740V 79	14014	the Mover	ررر
(Name of the Limited L	ability Company as it nowsamea	rs on our records,)		

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $AP(1) \le \frac{1}{3} \frac{1}{3$ 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 "LLC." 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.

City

H Changing Registered Agent, Signature of New Registered Agent

_. Florida _

If amending Arthorized Person(s) arthorized to manage, onter the title, name, and address of each person, being added of removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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record specifies a delayed of Lis filed.	effective date, but not ar	r effective time, at 1	2:01 a.m. on the ear	lier of: (b) The	90th da	y after the
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