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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Heavy Boy Enter Obiaes LL (Name of Limited Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Brandon (V)
Name of Person Heavy Day Extended Firm/Company 1640 Aut 2 Head
Address City/State and Zip Code City/State and Zip Code Figure 1 E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Brandon Cox at 321 24 - 4742 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
✓ \$25.00 Filing Fee

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

Heavy Dor to Nter	Wises LLL_		
Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	-	
The Articles of Organization for this Limited Liability Company Florida document number \(\bigcup \frac{10002040}{60000000000000000000000000000000000)21_ and as	signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		13.65	
		2	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		2 2 2	
		_	
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 πe	w registered
Name of New Registered Agent:	ys Cox		
New Registered Office Address:	Kuth Softeet		
	Enter Florida street address	0 0	

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

1 1

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 Hegistered Agent. Signature of New Registered Agent

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 Type of Action 1640 Kuth Street □Change 1640 Augh Street **⊞**Change -□Remove occa, F. 32 926 ☐ Change Remove □ Change Handon

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rd is filed.	_	1	<u>-</u>							
Dated	7/31			1021						
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