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2022 JUN - 7 PM 2: 09

COVER LETTER

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TO: Registration Se Division of Cor			
SUBJECT:	AHIG, L	ited Liability Company	•
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	theget.	H MARTHINSE	-5J
		Name of Person	
		Firm/Company	
		run/Company	
	602 S. M	ATANZAS AVE.	STE 4
		Address	
	TAMPA,	FC 33607 City/State and Zip Code	
		City/State and Zip Code	
	hhm 196	T-e queil. com to be used for future annual report noti	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please co	all:	
HIGH MA	RAHUSEN	at (<u>8/3</u>) <u>309 -</u> Area Code Daytim	2837
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	S30.00 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUN -7 PM 2: 09 (Name of the Limited Liability Company as it now appears on our records) RETARY OF SIMIC (A Florida Limited Liability Company)

TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on June 29, 2021 and assigned Florida document number L 21000299829 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 Changing Registered 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARK E NEWKIEK	AZI S. MACDILL AVENUE	□ Add
		TANA, FL 33609	DRemove
			□Change
MGR	SHARON SANTAGO	3113 TEAL TERRACE	DAdd
		SAFETY HARBOR, FL 34695	□Remove
			□ Change
			□Add
			□Remove
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