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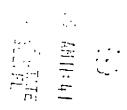
(Requestor's Name)
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PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: True Haitien BOY Houling LLC 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:
Herby Cherenfout Name of Person
The Hostion Buy Hacking LLC
4737 Movrehand st
Orlonolo FL 32810 City/State and Zip Code
City/State and Zip Code Cherenfouth & Panul Com E-mall address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Herby Cheverfort at (331) 438-8986 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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 TO ARTICLES OF ORGANIZATION OF

Thus Haition Boy Han	Linp LLC
Thus Hartion Boy Haw (Name of the Limited Liability Company (A Florida Limited Liab	as it nowGappears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>121000 303053</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	y 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)	
_	<u></u>
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:	dress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR_	Herby Cherenfout	4737 Mooreland St	\sim \text{Xdd}
		orlando H 50010	🗆 Remove
			□Change
MGR	Jeanise Raymond	4737 Hooreland St orlando FL 32810	□Add
		orlande fl 38810	ZRemove
			□Change
			□Add
			□ Remove
			□Change
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