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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corpor	rations		
SUBJECT:	HIKI C	HURROS V.	ia moldin
The enclosed Articles of Am	nendment and fec(s) are sub	omitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Vonessa	Elmalch Name of Person	
	<u> Lils</u> F	w	
		Firm/Company	
	11 9 00 F	Biscoupe BWD # 78	20
		Address	-
	-	in (2218)	
		City/State and Zip Code	
	US •	City/State and Zip Code Visa 55 (a) 40th to be used for future aimsal report noti	oo. lan
-	E-mail address: (to be used for future aimeal report noti	fication)
For further information cone	erning this matter, please e	all;	
Va ne sca	ElmaleL	au 786 , 42 3 39	3 <i>2-3</i>
Name of Pe	rson	at (<u>786</u>) <u>42332</u> Area Code Daytim	e Telephone Number
Enclosed is a check for the fo	ollowing amount:		
E \$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:	tion	Street Address:	
Registration Sec Division of Corp		Registration Sec Division of Cor	
P.O. Box 6327		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	WIOS USA J my as it now appears on our rec Liability Company)	loldings uc
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number		
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 Liabil	lity Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	- <u> </u>	1022
Principal office address MUST BE A STREET ADDRESS)		
		ASS
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
		<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>en</u>	> ter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
		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 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>	Name	Address	Type of Action
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record specifies a del lis filed.	ayed effective date,	but not ar	ı effective	time, at 12	:01 a.m. on	the earlier (of: (b) - 1	The 90	Oth day	after the
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