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COVER LETTER

	on of Corporations
SUBJECT:	Ho IT To Picc LLC Name of Limited Liability Company
	Name of Limited Liability Company
The enclosed	rticles of Amendment and fee(s) are submitted for filing.
Please return	l correspondence concerning this matter to the following:
	_
	LORNE S. PETERSON TR. Name of Person
	Name of Person
	HOTT TWICE ILC
	Firm/Company
	4512 Ashford DRIVE
	Address
	City/State and Zip Code Success Reeclam 0911@gmail.com E-mail address: (to be used for future annual report notification)
	City/State and Zip Code
	Successike Eclom 0911@gmail.com
	E-mail address: (to be used for future annual report notification)
For further in	ormation concerning this matter, please call:
<u>J</u>	Lia Jones (MEMBER at (863) 651 - 9689 Name of Person Area Code Daytime Telephone Number
Enclosed is a	heck for the following amount:
□ \$25.00 F	
□ 323.00 1	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

Hoth To	picc LLC	records.)
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our nited Liability Company)	records.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L22000198531</u>		st 26, 22 and assigned
This amendment is submitted to amend the following:		00
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	n "LLC" or the abbreviation "L.L C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address 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 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>	<u>Address</u>	Type of Action
AMBR	DESTINE CHANCE	1955 GRAND BAY CIRCLE	🗆 Add
		(Apt 203) Lakelard FL3	3810 Premove
			□Change
<u>AM BR</u>	LANJYA Peterson	1933 GRAND BAY CIRCLE	t\(\int\)\dd
		(Apt 101) Lakeland, FL 332	T(O □Remove
			□Change
AMBR_	Lauryn Peterson	1933 GRAND BAY CARCLE	EXdd
		(Apt 101) Lakeland, FL 33811	<u>○</u> □Remove
			Change
AMBA	RICKIA PETERSON	1933 GRAND BAY CIRCLE	IZKdd
		(Apt 101) Lakeland FL 338	lO □Remove
			□Change
<u>HAMAR</u>	NeVach HARRIS	1933 GRAND BAY GACLE	i_\dd
		(Apt 101) Lakelard, FL 33810	□Remove
			🗆 Add
			□Remove
			□Change

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