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(Re	questor's Name)	
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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) (Business Entity Name) (Document Number) Certified Copies Certificates of States Special Instructions to Filing Officer:	MAIL	
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Office Use Only



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. COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: HIM		DEAL STATE LLC ited Liability Company	4324
	ranc or Din	med Daomy Company	
The enclosed Articles of An	nendment and fee(s) are sub	omitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	AGAYAC		
	MIDTOWN.	Name of Person JMDL RA State Pirm/Company	LLC 4324-
	4324 W Wh	Hewater Ave	
	Weston T	1 33332	·
		City/State and Zip Code AA @ HOLAVELL . GOU to be used for future annual report notifi	2022 JUH - 5
For further information cond	cerning this matter, please c	all:	· · · · · · · · · · · · · · · · · · ·
DAYANA 2 Name of Pe	erson	at (786) 877 Area Code Daytime	Telephone Number
Englosed is a check for the f	Ollowing amount:		<u></u>
\$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: Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	porations	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DCHL MUOTOWN	2 2EA State LLC	4324	
(<u>Name of the Limited Li</u> (A Fi	ability Company as it now appears on o orida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liabili Florida document number <u>LZZOO0ZO476</u> (ty Company were filed on		_ and assigned
This amendment is submitted to amend the following	हे.		
A. If amending name, enter the new name of the HIDTOWN THDR The new name must be distinguishable and contain the words	· REAL STATE LI	tion "I.LC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable	<u></u>	_ <u>_</u>	
(Principal office address MUST BE A STREET AL	ODRESS)		
			9722
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u></u>		<u>-, m</u>
		_	<u> </u>
B. If amending the registered agent and/or regist agent and/or the new registered office address he	ered office address on our record re:	ls, <u>enter the name o</u>	f the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida str	vet 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, 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
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			□Remove
			□Change
			□Add
			□Remove
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ecord specifies a	delayed effective d	ite but not ar	s afficetiva tim	ns at 12:01 o .	s and the contract			
is filed.	demy ed erreeme di	ic. our ice ai	r chective tim	ic, at 12.01 a.i	u, on the eart	ier of: (b) 11	he 90th day aft	er the
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	بنگخ	nature of a me	mber or author	ized representat	ive of a membe	er		
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