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| (Rec | questor's Name) | |
|---------------------------|------------------|-------------|
| (Add | Iress) | |
| (Add | lress) | |
| (City | /State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bus | iness Entity Nar | me) |
| (Doc | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | iling Officer | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corpor | | | |
|--|---|---|---|
| SUBJECT: | 3 G HAW! | KS LLC ited Liability Company | |
| | | | |
| The enclosed Articles of Am | endment and fee(s) are sub- | mitted for filing. | |
| Please return all corresponde | nce concerning this matter | to the following: | |
| | Benja | Name of Person | 5 |
| | 13131 | Firm/Company | ~ <u>C</u> |
| | 360 n | NW 205t Address | |
| | Miami 1 | F/ 33124 Vity/State and Zip Code | 7 |
| - | | 5 1911 O Gmal. | Com_ |
| For further information conce | | | |
| Ben Ho | anks | at () 25) 2 S Area Code) Daytin | 5 - 4649 ne Telephone Number |
| Enclosed is a check for the fe | ollowing amount: | | |
| □ \$25.00 Filing Fee 〔 | 2 \$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: | | Street Address: | |

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Company were filed on Florida document number 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" | and assigned | | |
|--|--------------------------------|--|--|
| 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) | | | |
| | 1 | | |
| | .• | | |
| 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 address on our records, enter agent and/or the new registered office address here: | the name of the new registered | | |
| Name of New Bouletwood Acomt | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida street address | | |
| , Flo | orida | | |

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 |
|--------------|--------------|-----------------|----------------|
| AMBR | Bianca Hanks | 360 NW 205t | □Add |
| | | Miam; F1, 33127 | &Remove |
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| | | | □Remove |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Signature of a member or authorized representative of a member

Benjamin Hank 5

Filing Fee: \$25.00