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COVER LETTER

	ion Section of Corporations		
SUBJECT:	Atechanica	Hum II.C.	
<u>-</u>	Name of Limit	ed Liability Company	
The enclosed Artic	les of Amendment and fee(s) are subm	nitted for filing.	
Please return all co	orrespondence concerning this matter to	o the following:	
	Step	Name of Person	
	Step	MINIO HAM L	LC
	13225 Ski	Malchee Loo	O
	_	City/State and Zip Code	
	E-mail address: (to	Hermosia a Constitution of the used for future annual report notification of the constitution of the const	mail.com
For further informa	ation concerning this matter, please cal	II:	
Str	Shame of Person	at (<u>QLL)</u> <u>L&LL</u> . Area Code Daytime	Telephone Number
Enclosed is a check	k for the following amount:		
\$25.00 Filing F	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)
	Address: tion Section of Corporations	Street Address: Registration Sec Division of Con	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	MUND red Liability Comp (A Florida Limited	pany as it now appears on d Liability Company)	our records.)	. 1.2
The Articles of Organization for this Limited Life	iability Compan	y were filed on	18/23	and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	f the limited lia	bility company here:		
The new name must be distinguishable and contain the w				
The new name must be distinguishable and contain the w	vords "Limited Liab	bility Company," the design	ation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applic	able:	McI		
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or re		address on our recor	ds enter the name	of the new registary
agent and/or the new registered office addres	ss here:	address on our recor	us, enter the name	of the new registered
Name of New Registered Agent:	nla			
New Registered Office Address:		Enter Florida si	reet address	-
		City	, Florida	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	Jack Hom	13225 Strinhatchee La	QQ □Add
		Venice FL 34293	□Remove
			X Change
AMBR	Stephenic Hum	13225 Stenshatcher Lo	DPA □ Add
		Venice FC 34293	□Remove
			`⊠Change
			□Add
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Dated	Mark	<u> </u>	<i>ESC</i> 2.—	. 17		
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Filing Fee: \$25.00