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(Requestor's Name)
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PICK-UP WAIT MAIL
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COVER LETTER

TO: Registration S Division of Co			
Oliver to com	restments LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	`Amendment and fee(s) are sul	omitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Holden Hertog		
		Name of Person	
	Hertog Investments		
	 -	Firm/Company	
	12481 Shawnee Road		
		Address	
	Fort Myers, FL, 33913		
		City/State and Zip Code	
	hertoghardscape@gmail.co		
	E-mail address:	to be used for future annual report noti	fication)
For further information of	concerning this matter, please o	eall:	
Holden Hertog		239 6349529 at ()	
Name o	of Person		e Telephone Number
Enclosed is a check for the	he following amount:		
□ \$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 Addres Registration		Street Address:	otion
Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	
Tallahassee,	FL 32314	2415 N. Monroe	e Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hertog Investments LLC			
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our r d Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Compar	ny were filed on 4/9/2025		_ and assigned
lorida document number 1.18000047444			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here:		
Hertog Hardscape LLC			
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation	"LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			20.
Principal office address MUST BE A STREET ADDRESS)		~	en En
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		337	Program (
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		88	골 내
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B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>e</u>	nter the name o	f the new regis
Name of New Registered Agent:			
New Registered Office Address:			
Hew Registered Office Address.	Enter Florida street a	ıddress	
		, 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

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ffective date, if other than the an effective date is listed, the date melote: If the date inserted in this becoment's effective date on the least of the least o	ust be specific and cannot be prior block does not meet the applic	able statutory filing require		
		me, at 12:01 a.m. on the ea	urlier of: (b) The 90th day af	ter the
record specifies a delayed effect is filed.	ive date, but not an effective ti			
t is filed. July 28th	ive date, but not an effective ti 2025			
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t is filed. July 28th		orized representative of a men	aber	