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COVER LETTER

TO:

TO: Registration Se Division of Cor			
Hazel Creel	k Holdings, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	· ·	
	Eric Lee		
		Name of Person	
		Firm/Company	
	13830 Tea Rose Dr.		
	-	Address	
	Orlando, FL 32828		
		City/State and Zip Code	
	elee@hankinsconsult.com		-
		to be used for future annual report not	ification)
For further information c	oncerning this matter, please ca	all:	
Eric Lee		407 398-4199	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	.7	The Centre of	Fallahassee
Tallahassee, l	FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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HAZEL CREEK HOLDINGS LLC

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(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 July 05, 2022 and assigned Florida document number ______1.22000298667 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Hazel Creek Group, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 13830 Tea Rose Dr. Orlando, FL 32828 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 13830 Tea Rose Dr. Orlando, FL 32828 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
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te:	ive date, if other than the date of filing:
cor s fil	d 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
ed	07/08/2022
	Signature of a member or authorized representative of a member