## L24000010189

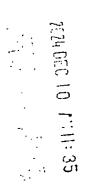
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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
SUBJECT:	BALLOON	S HIAWASSEE	LLC
		aited Liability Company	<u></u>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ndence concerning this matter	•	
	Andrew	SPEER Name of Person	
		Name of Person	
	GENIU.	S CAR W45 H Firm/Company	
		Firm/Company	
	710 RIVI	NGTON AVE	
		Address	
	DEBARY,	FL 32713 City/State and Zip Code	
	Andrew & GENI E-mail address: (	TO SCAR WASH - COM to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
Andrew :	OPEER.	at (944) 874 Area Code Daytime	2206
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 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 S		Street Address: Registration Sec	tion
Division of C	orporations	Division of Corp	porations
P.O. Box 632 Tallahassee, I		The Centre of Ta	allahassee : Street, Suite 810
i arianassee, i	Land Care Contract Co	ZTIJ IV. IVIOIIIOC	Carpor Care OIO

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DALLOUND HIAM	ASSEE LLC	
BALLOUNS HIAWA (Name of the Limited Liability Co. (A Florida Limited)	ompany as it now appears uted Liability Company)	s on our records.)
he Articles of Organization for this Limited Liability Comp		i .
orida document number <u>L 24 0000 10 1 89</u>		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company her	<u>re</u> :
GENIUS HIA WASSEE LLC te new name must be distinguishable and contain the words "Limited I	,	
e new name must be distinguishable and contain the words "Limited"	Liability Company," the de-	signation "L.L.C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		~3
nter new mailing address, if applicable:		: : : : : : : : : : : : : : : : : : : :
Aailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered off	fice address on our rec	cords, enter the name of the new register
ent and/or the new registered office address here:		٠ <u>٠</u> ني
		· Ül
Name of New Registered Agent:	<del></del>	
New Registered Office Address:		
	Enter Floria	da street address
		, Florida Zip Code
		. 1 101100

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
MER	DONALD DICUSTANZO	21 PACIFIC MIST	🗆 Add
		NEW PORT COAST, (4 9265)	<del>P</del> ⊠Remove
			□Change
MER	CHRISTIAN DEEM	1335 BOB WHITE TRU	□Add
		CHULUUTA, PL 32766	<b>⊠</b> Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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A	ndsow	SPEER	WILL	BE	THE	only	MANAGEN	O MEMBER
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e da	te, if other	than the da	te of filing:	12	/2/2	<u> </u>	(o	<b>ptional)</b> ofter filing.) Pursuant to 605.
tive d f the (	ate is fisted, ' date inserte	the date must be d in this block	specific and ca does not med	innot be p at the ap	onor to dat plicable s	e of filing or statutory fil	more than 90 days a ing requirements,	itter tiling.) Pursuant to 605. this date will not be liste
		e on the Depai						
	fies a delay	ed effective da	ite, but not an	effecti	ve time, a	t 12:01 a.m	n. on the earlier of	(b) The 90th day after
d.								
DE	CEMBER	2nd	· .	202	<u>y</u> .		ve of a member	
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		mly	Siver	<u>/</u>				
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_		Sig	naithe of a me	mber or :	authorized	representati	ve of a member	

: :

Filing Fee: \$25.00