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COVER LETTER

Division of Cor	porations		
SUBJECT:	Ollinger 1 Name of Lim	MANAGEMENT ited Liability Compliny	F, LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Brad	Hollinger Name of Person	
		Firm/Company	
		olynn Road Address	
	Jackson	City/State and Zip Code	2225
	<u>bhollinger</u> E-mail address: (1	- 40 P Comcas to be used to future annual report notif	7-net
For further information c	oncerning this matter, please ca		
Brad Name o	Hollinger Person	at (<u>904</u>) <u>574</u> Area Code Daytime	1-1804 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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

Street Address: 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) (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on	2/9/2009 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company her Hand H Sod Services LLC. The new name must be distinguishable and contain the words "Limited Liability Company." the des	-
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	٠ <u>- ۲</u>
Enter new mailing address, if applicable:	N
(Mailing address MAY BE A POST OFFICE BOX)	77
	70
B. If amending the registered agent and/or registered office address on our recagent and/or the new registered office address here:	cords, enter the name of the gew registered
Name of New Registered Agent:	
New Registered Office Address: Enter Florid	a 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 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 = M $AMBR = A$	lanager uthorized Member		,
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□ Change
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(If an effective of Note: If the	te, if other than the date of filing:
the record spec cord is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	January 25, 2021
_	
•	Signature of a member or authorized representative of a member Brad Hollinger Typed or of inted name of signee