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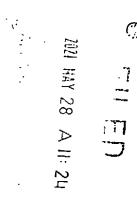
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COVER LETTER

	egistration Se					
SUBJECT	Hustleline L	LC.				
SUBJECT	·	Name of Lim	ited Liability Company	-	-	
The enclose	ed Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please retu	m all correspo	ndence concerning this matter	to the following:			
		Antwan Daniels				
		• • • • • • • • • • • • • • • • • • • •	Name of Person			
		Hustleline LLC.				
			Firm/Company			
		1146 NW 103 Street				
			Address			
		Miami/Florida 33150				
			City/State and Zip Code			
		Danielsantwan@gmail.com			<u> </u>	
		E-mail address: (to be used for future annual rep	oort notification)		C_i
For further	information c	oncerning this matter, please ca	all:		2021	
Antwan Da	aniels		786 at ()	523-4364	; #AY 2	.]
	Name o	f Person	Area Code	Daytime Telephone Num	ber 28 A	}]
Enclosed is	s a check for th	ne following amount:			II: 2	
≅ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certifi	Filing Fee, icate of Status & ied Copy	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hustleline LLC.			
(Name of the Limited Liabili (A Florida	ty Company as it now appears a Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on	05/10/2010	and assigned
lorida document number 1.10000050500	 '		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company her	<u>e</u> :	
he new name must be distinguishable and contain the words "Lim	nited Liability Company," the des	signation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDI	RESS)	4	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new_registered office address here:	d office address on our re	cords, <u>enter the nan</u>	ne of the new regis
Name of New Registered Agent:			<u>~~</u>
New Registered Office Address:	Enter Flori	la street address	<u> </u>
	2.7ac/ 1 10/10	, Florida	1: 24
	City	, riorida	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 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>	Name	Address	Type of Action
A&R	Paul Alleyne	1146 NW 103rd Street	□Add
		Miami, FL 33150	■Remove
		<u> </u>	Change
Manager	Sirena Banks	1146 NW 103rd Street	□Add
		Miami, FL 33150	■Remove
			□Change
			□Add
			□Remove
			□Chang € /5
			—————————————————————————————————————
			☐ Remove ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
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			□Remove

							
							
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