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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

; H, BART FLEET

Account Number : I20020000170

Phone

: (850)651-4006

Fax Number

: (850)651-5006

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HARDWAY SOLUTIONS, LLC

| Certificate of Status | 1       |
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D. SCOTT APR 1 3 2017

## **COVER LETTER**

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| TO: Registration Se<br>Division of Cor |   |   |  |
|--|---|---|--|
| Hardway S                              | olutions, LLC                                   |   |  |
| SUBJECT:                               | Name of Lim                                     | ited Liability Company  |  |
| The enclosed Articles of               | Amendment and fee(s) are sub                    | mitted for filing.  |  |
| Please return all correspo             | ondence concerning this matter                  | to the following:   |  |
|  | Whitney L. Smith, Esq.                          |   |  |
|  |   | Name of Person  |  |
|  | Fleet & Smith                                   |   |  |
|  |   | Firm/Company  |  |
|  | 1283 Eglin Parkway, Suite                       | . A   |  |
|  |   | Address   |  |
|  | Shalimar, FL 32579                              | •   | *  |
|  |   | City/State and Zip Code   | SECR   |
|  | E-mail address: (                               | to be used for future annual report notifi                          | cation) FILED  |
| For further information c              | oncerning this matter, please o                 | ail:  | SER P III  |
| Whitney L. Smith, Bsq.                 |   | 850 651-4006  | TEST E   |
| Name o                                 | f Person  |   | Telephone Number   |
| Enclosed is a check for th             | ne following amount:                            |   |  |
| □ \$25.00 Filing Fee                   | ■ \$30.00 Filing Fee &<br>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 analoged) |

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Hardway Solutions, LLC   |  |                         |
|--|--|-------------------------|
| (Name of the Limited Liability Comms<br>(A Florida Limited   | hay as it now appears on our records.)<br>Liability.Company) |                         |
| The Articles of Organization for this Limited Liability Company Florida document number L14000185116 | were filed on December 3, 2014                               | and assigned            |
| This amendment is submitted to amend the following:  |  |                         |
| A. If amending name, enter the new name of the limited liab  | pility company here:   |                         |
| The new name must be distinguishable and contain the words "Limited Liabi                            | ility Company," the designation "LLC" or the                 | e abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  | 1490 W. Highway 98   | ·                       |
| (Principal office address MUST BE A STREET ADDRESS)  | Mary Esther, FL 32569  |                         |
|  | ű.   |                         |
| Enter new mailing address, if applicable:  | 1490 W. Highway 98   |                         |
| (Mailing address MAY BE A POST OFFICE BOX)   | Mary Esther, FL 32569  | <u> </u>                |
|  |  |                         |
| B. If amending the registered agent and/or registered o  |  | ter the name of the ne  |
| registered agent and/or the new registered office address her  | <u>'e</u> :  | Ha Po                   |
| Name of New Registered Agent:  |  | 557 7                   |
| New Registered Office Address:   |  |                         |
|  | Enter Florida street address                                 |                         |
|  | , Florids  |                         |
|  | 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

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<br>Luthorized Member |         |                                  |
|--------------------|------------------------------|---------|----------------------------------|
| <u>Title</u>       | Name                         | Address | Type of Action                   |
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| Effective d                                       | nte, if other tha                      | n the date of                   | filing:                                       | Aut Call              | (op                                   | tional)<br>er filing.) Pursuent to 605:0207 |
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| Dated April                                       | 17                                     | zth                             | 2017  |                       |                                       |   |
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Filing Fee: \$25.00