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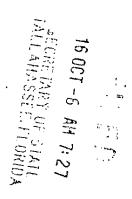
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COVER LETTER

то:	Registration Se Division of Cor	ction porations		٠,
SUD IE	HALL BO	YZ LLC		
SUBJEC	.1;	Name of Lim	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Jeffrey Hall		
			Name of Person	
		Hall Boyz LLC		
			Firm/Company	
		6156 Emory Lane		
		· · · · · · · · · · · · · · · · · · ·	Address	
		Keystone Heights, FL 326	56	
			City/State and Zip Code	
		temple96@msn.com		
			to be used for future annual report notif	ication)
For furth	er information co	oncerning this matter, please co	all:	
Jeffrey H			352 224-0692 at ()	
	Name of	f Person	Area Code Daytime	e Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$ 25.0	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)

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

HALL BOYZ LLC		
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number L15000083812		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	SS)	
Enter new mailing address, if applicable:		·······
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register	red office address on our records, e	enter the name of the new
registered agent and/or the new registered office addres		16 OC
Name of New Registered Agent:	THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF TH	55 27
New Registered Office Address:		6
	Enter Florida street address	150
	, Florid	la 🚉 🔨 💮 💮
	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mem	Jason Matchett	15560 NE 233 Lane	■ Add
		Ft. McCoy, FL 32134	□ Remove
			□ Change
			Add
		 	□ Remove
			□ Change
			□ Remove
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			☐ Remove
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fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior		(optional)	
te: If the date inserted in this block does not meet the application	o date of filing or more than ble statutory filing requir	90 days after filing.) Pursua ements, this date will not	nt to 605.0. t be listed
cument's effective date on the Department of State's records.			
record specifies a delayed effective date, but no	an effective time, a	t 12:01 a.m. on the	e earlier
he 90th day after the record is filed.			
, September 30 2016			
ted , , , , , , , , , , , , , , , , , , ,			
Signature of a member or author			

Page 3 of 3

Filing Fee: \$25.00