L15000198337

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

Registration Section Division of Corporations

TO:

UBJECT:	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:	
	Bruce Romanello		
		Name of Person	
	Halos Systems LLC		
		Firm/Company	
	7320 Delainey Court		
		Address	
	Sarasota, FL 34240		
	· 	City/State and Zip Code	
	bruce@halossystems.com		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Bruce Romanello		352 348-4188	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	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
Mailing Address Registration S		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	.7	The Centre of	
Tallahassee, l	FL 32314	2415 N. Monro Tallahassee, FI	be Street, Suite 810 L 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(<u>Name of the Limited Liability Comp</u> ; (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 11/24/2015	and assigned
Florida document number L15000198337		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	"A 4 i	A
, and the second	7320 Delainey Court	ne aboreviation (L.t., C.
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Sarasota, FL 34240	
	-	
Enter new mailing address, if applicable:	7320 Delainey Court	202000
Mailing address MAY BE A POST OFFICE BOX)	Sarasota, FL 34240	· · · · · · · · · · · · · · · · · · ·
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		A
B. If amending the registered agent and/or registered office	address on our records, enter the	name of the new regi
igent and/or the new registered office address here:		$\overline{\sim}$

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

Enter Florida street address

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
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			Remove
			□Change

e. v	ther information, enter change(s) here: (Attach additional sheets, if necessary.)	
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n effective date is lis ote: If the date ins	her than the date of filing:	
ecord specifies a d is filed.	elayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	er the
October 15th	2020	
<u> </u>		
	Signature of a member or authorized representative of a member	
Who says a		
Bruce Ro	manello	