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| L160000 | 09035 |
| (Requestor's Name) (Address) (Address) | 200350729642 |
| (City/State/Zip/Phone #) | 08/21/2001007008 **25.00 |
| Certified Copies Certificates of Status | 2229 AUV 21 - FH 7+ 44 |
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COVER LETTER

TO: **Registration Section**

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| Div | ision of Corporations |
|----------------|--|
| SUBJECT: | Hollenbeck Investigatons ELC |
| Soballe 1, | Name of Limited Liability Company |
| The enclosed | Articles of Amendment and fee(s) are submitted for tiling. |
| Please return | all correspondence concerning this matter to the following: |
| | Dustin Hollenbeck |
| | Name of Person |
| | Hollenbeck Investigations LLC |
| | Firm/Company |
| | 815 N Magnolia Ave suite 8 |
| | Address |
| | Orlando FL 32803 |
| | City/State and Zip Code |
| | dustin@hollenbeckinvestigations.com |
| | E-mail address: (to be used for future annual report notification) |
| For further in | formation concerning this matter, please call: |

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Dustin Hollenbeck 407 927-2316 at (Daytime Telephone Number Name of Person Area Code

Enclosed is a check for the 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 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

| Hollenbeck Investigations LLC | 2323 AL 221 P | 17:44 |
|--|---|----------------------------|
| (<u>Name of the Limited Liabili</u> (A Florida | ty Company as it now appears on our records.) a Limited Liability Company) | <u> </u> |
| The Articles of Organization for this Limited Liability C Florida document number <u>L16000009035</u> | Company were filed on 01/13/2016 | and assigned |
| This amendment is submitted to amend the following: | ' | |
| A. If amending name, <u>enter the new name of the limited and the linited and the limited and th</u> | ited liability company here: | |
| The new name must be distinguishable and contain the words "Lim | ited 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 ADDR | <u>RESS)</u> | |
| 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 records, <u>enter the</u> | name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | , Florid | |
| | City | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

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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, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address (23.11-21 Ph 7: 14 | Type of Action |
|--------------|------------|---------------------------------------|----------------|
| Director | Will Simon | 815 N Magnolia Ave suite 8 | 🗆 Add |
| | | Orlando FL 32803 | Remove |
| | | | □Change |
| | | | 🗆 Add |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

| | 2-20 Al = 21 P:1 7:44 |
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| ve date, if other than the date of filing: | |

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

| August 17 | 2020 | | | |
|-------------------|-----------------------------|------------------------|------------------|--|
| \sim ' | XK | | | |
| Junio | Signature dia member or a | uthori and representat | tive of a member | |
| J | orgination of a method of a | umorized representat | ive of a memoer | |
| Dustin Hollenbeck | | | | |

Typed or printed name of signee