

L16 0000035208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

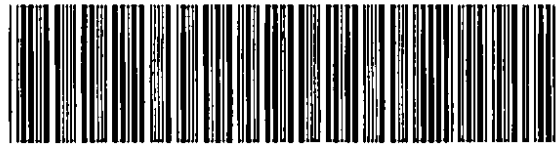
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U.S. DEPT. OF COMMERCE
BUREAU OF ECONOMIC ANALYSIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hitman Industries LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bradley F. White, Esq.

Name of Person

WhiteBird, PLLC

Firm/Company

2101 Waverly Place, Suite 100

Address

Melbourne, Florida 32901

City/State and Zip Code

bwhite@whitebirdlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bradley F. White, Esq.

321

327-5580

at ()

Name of Person

Area Code

Daytime Telephone Number

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

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

HITMAN INDUSTRIES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on February 19, 2016 and assigned
Florida document number L16000035208.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

185 Gus Hipp Boulevard

(Principal office address MUST BE A STREET ADDRESS)

Rockledge, Florida 32955

Enter new mailing address, if applicable:

185 Gus Hipp Boulevard

(Mailing address MAY BE A POST OFFICE BOX)

Rockledge, Florida 32955

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Justin M. Falscroft

New Registered Office Address:

185 Gus Hipp Boulevard

Enter Florida street address

Rockledge

Florida 32955

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Walter M. Falscroft	185 Gus Hipp Boulevard	<input type="checkbox"/> Add
		Rockledge, Florida 32955	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Note: 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.

Dated 9 SEPTEMBER, 2022

Signature of a member or authorized representative of a member:

Justin M. Falscroft, A Member

Typed or printed name of signee

Filing Fee: \$25.00