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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Consideration A. Ellino Officer |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| т0: | Registration Sec Division of Corp | | | |
|--------------|--------------------------------------|--|---|--|
| SUBJ | ect: <u>3rc</u> | Day Hay LLC Nume of Lim | ited Liability Company | |
| The en | closed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please | return all correspon | ndence concerning this matter | to the following: | |
| | | Mary Wi | Name of Person | |
| | | | Hay LLC Jirm/Company | |
| | | 3273 NW | Address | |
| | | | 344 75 City/State and Zip Code | |
| | | E-mail address: (i | D 3r Wayhay . Cor | fication) |
| For fu | ther information co | oncerning this matter, please ca | | |
| | Mary Wild Name of | Person | at (<u>352</u>) <u>789</u> . 4 Area Code Daytim | 4422 c Telephone Number |
| Enclos | ed is a check for th | e following amount: | | |
| □ \$2 | 5.00 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**

| | y Hay LLC |
|---|---|
| (<u>Name of the Limited Lia</u> (A Flo | bility Company as it now appears on our records.) rida Limited Liability Company) |
| (| SOIO mo |
| The Articles of Organization for this Limited Liability | y Company were filed on March 21, 367 and assigned |
| Florida document number <u>L 160000573</u> 4 | <u>12</u> . |
| This amendment is submitted to amend the following | <i>;</i> |
| A. If amending name, <u>enter the new name of the l</u> | imited liability company here: |
| The new name must be distinguishable and contain the words "I | Limited 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 AD | DRESS) |
| | |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| | |
| | |
| | |
| | gistered office address on our records, enter the name of the ddress here: |
| egistered agent and/or the new registered office a | |
| | |
| egistered agent and/or the new registered office a | ddress here: |
| registered agent and/or the new registered office and New Registered Agent: | |
| registered agent and/or the new registered office and New Registered Agent: | ddress here: |

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

Page 1 of 3

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 = A | uthorized Member | | |
|--------------|------------------|--------------------------|---|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| AMBR | Nother F. Yoder | 3738 BIA Road 48 | □ Add |
| | The your | Belcourt North Dakota 58 | 3 16 ♥ Remove |
| | | | ☐ Change |
| MBR_ | | Doorn 3273 NW 27th Ave | ⊈ Add |
| | | Ocala FL 34475 | □ Remove |
| | | | Change |
| | · | | □ Add |
| | | | □ Remove |
| • | | | Change |
| | · | | |
| | | · | □ Remove |
| | | | ☐ Change |
| | | | |
| | | ALLA HASSET | Remove 7 Manager ANY OF STATE Remove |
| | | | Change |

| Nathan Yocker's 50% expectation Ownership is as follows 50% many wibe 50% Mihael Jansen Van E fective date, if other than the date of filing: MAN 1, 2017 (optional) 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 6 buts: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lincument's effective date on the Department of State's records. A record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear the 90th day after the record is filled. Signature of a member or authorized representative of a member. | date of filing: May 1, 2017 (optional) be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 ck does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records. effective date, but not an effective time, at 12:01 a.m. on the earlier of ord is filed. | w 1 | | | an Doorn | | | | |
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Filing Fee: \$25.00