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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Tom Hac Name of Lim	L PLLC 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:	
	John	Name of Person	<u> </u>
		Firm/Company	
	2550	O SELTAS	54.
	Pompa.	Address Address Address Address City/State and Zip Code Code	33062
	E-mad address: (City/State and Zip Code homas, half (at to be used for future annual report notific	a yshoo. com
Name of Enclosed is a check for t		at (<u>954</u>)Daytime *	relephone Number C
\$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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10 M FTa	11 122		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	ability Company)	,	
The Articles of Organization for this Limited Liability Company w	vere filed on <u>April 18</u>	8, 2016 and as	signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ity company here:		
The new name must be distinguishable and contain the words "Limited Liability	Hall PLL y Company," the designation "LLC" of	or the abbreviation "I	L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<u>. </u>	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		*****	of the new
Name of New Registered Agent:		2018 NA SEDRE	
New Registered Office Address:	Enter Florida street address Flor	V 23	
	City	Zip Code	0
New Registered Agent's Signature, if changing Registered Agent:		02 104	

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

MGR =	Manager '	
AMBR =	Authorized	Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
			Add
			□ Remove
			Change
			Remove
			Change
			Add
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			TASE Change
		Add P Add P Remo	
			Change
		 .	Remove
			Change

Effective 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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a The 90th day after the record is filed.	
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Agnature of a member or authorized representative of a member	
Thomas Hall Typed or printed name of signee	₩ 02

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Filing Fee: \$25.00