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2021 AUG 27 AM 10: 01
SECRETARY OF STATE

COVER LETTER

TO: Registration Se Division of Cor			•
SUBJECT:		HOAS LLC ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	- Kin	MAH how シ Name of Person	
	Trademark	Renovations. LL	
	<u>597</u> c	Love Ridge	DY.
	Tallahassu Kmpku	e FL 3231 City/State and Zip Code msstudio Net	<u></u>
For firsthan information of	E-mail address: (t oncerning this matter, please ea	o be used for future annual report notif	ication)
Km N	1A+hew5 f Person	at (850) 294-	3058 Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 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

FILED

2021 AUG 27 AM 10: 07 Florida document number <u>L16000103191</u>. 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address _. Florida __ City

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> Name <u>Address</u> Type of Action MGR Tyler Matthews ______ □Add _____ ⊡Change MGR MARTIN Matthews _____ □Remove _____ Change _____ □Remove _____ □Change _____ □Remove

_____ □Change

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	date is listed, the date date inserted in the				iling or more that	n 90 days after t	iling.) Pursuant to	
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