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(Req	uestor's Name)	
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(City)	/State/Zip/Phone	· #)
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COVER LETTER

TO:	Registration Se Division of Cor			
erinti		eek and Company, LLC		
SUBJI	ECT:		ned Liability Company	
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
- Please	return all correspo	ondence concerning this matter	to the following:	
•		Omar Oselimo		
		-	Name of Person	
		Hatchet Creek and Compa	ny, LLC	
			Firm/Company	
		2826 NE 19th Drive		
			Address	
		Gainesville, FL 32609		
		omar@reggaeshaekeafe.cor	City/State and Zip Code	
			to be used for future annual report notif	lication)
For fur	rther information c	oncerning this matter, please co	ill:	
Arpita	i Oselimo		352 870-7774 at ()	
	Name o	f Person	Area Code Daytimo	e Telephone Number
Enclos	sed is a check for the	he 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

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Hatchet Creek and Company, LLC (Name of the Limited Liability Company as it now appears on our records.)47
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 09/14/2016 and assigned Florida document number __L16000172197 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 "LL.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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

__, Florida ____

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>	Address	Type of Action
MGR	Arpita Oselimo	2826 NE 19th Drive	
		Gainesville, FL 32609	■ Remove
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ective date, if other than to effective date is listed, the date	nust be specific and cannot be prior to date of filing or m	(optional) nore than 90 days after filing.) Pursuant to 605,0207
	block does not meet the applicable statutory filin Department of State's records.	g requirements, this date will not be listed as
record specifies a delay	ved effective date, but not an effective t	time, at 12:01 a.m. on the earlier o
he 90th day after the r	ecord is filed.	
30 June	2018	
ed	<u></u>	
(h)		
	Signature of a member or authorized representative	of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00