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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: HULLAND HOLDINGS, 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:	
Name of Person	
HULLAND HULDINGS, LLC	
8401 CARULYN DKIVE	
PORT RICHEY, FL 34668  City/State and Zip Code	
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:  Name of Person  HULFIND HULDINGS LLCC  Firm/Company  G401 CARULYN DKIVE  Address	
Name of Person  HULAND HULLINGS, LLC  Firm/Company  8401 CAROLIN DRIVE  Address  PORT RICHEY, FC 3468  City/State and Zip Code  GDELHAF & MAIL, COM  E-mail address: (to be used for future annual report notification)  her information concerning this matter, please call:	
GASPARD DE LAAF at (7-27) 207 . 8399 Name of Person Area Code Daytine Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Scrifficate of Status Status Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee Scrifficate 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

HOLLAND HOLDI		
( <u>Name of the Eimited Liability C</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number 11600222092.		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbre	
Enter new principal offices address, if applicable:		17 AUS
(Principal office address MUST BE A STREET ADDRES	<u>ss)</u>	Sign T
	<u></u>	PF F
Enter new mailing address, if applicable:		OF CONCROPATION
(Mailing address MAY BE A POST OFFICE BOX)		. <del>7</del>
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		e name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
<del></del>	, Florida	Zip Code
Now Registered Agent's Signature if changing Registered A	rent.	

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
PRES	Kari L. Shattles	8401 Carolyn Dr. Port Richey, FL 34668	Add
		BA Richey, FL 34660	Remove
			Change
			Add
			□ Remove
			□ Change
			Add
			FILED  Remove  Add  T. St.  Change  Add  T. St.  T. Remove  T. Rem
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The 90th day after the record is filed.	.m. on the earlier of:
Dated August 9., 2017.  Signature of Amember or authorized representative of a member	
Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00