## 117000077010

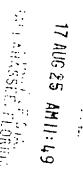
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporat	ions		
SUBJECT:H_	T TRU of Limite	CK LLC,	
The enclosed Articles of Amer	dment and fee(s) are submi	itted for filing.	
Please return all correspondence	e concerning this matter to	the following:	
_	CHRISTI.	Name of Person	AN
_		Firm/Company	<u></u>
4	809 6th	Are West	
_	BRAdewon	J FL 342 City/State and Zip Code  1 TERSHMAN (a) be used for future annual report notifical	205
<u>C.</u>	HRISTIAN. E-mail address; (to	Harshman (a be used for future annual report notifical	) 1 cloud, com
For further information concer			
CHRISTIAN Name of Person	HERSHMAN	at ( <u>941)</u> <u>962 -</u> Area Code Daytime Te	-5147 Elephone Number
Enclosed is a check for the fol	owing amount:		
\$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

(Name of the Limited Liability Compa (A Florida Limited)	
The Articles of Organization for this Limited Liability Company Florida document number <u>41700077701</u> 0	were filed on $\frac{4/05/17}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1809 6th Ave West  BRADENTON, FLOREDA = 34205
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>	1809 6th Ave West Bradenton, FLORIDA 34205
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	
Name of New Registered Agent:  New Registered Office Address:  BRAGE	TIAN HERSHMAN  6th Ave West  Enter Florida street address  N TON  City  Florida  7ip Code

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

MGR = M $AMBR = A$	Aanager Authorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	CHRISTIAN HERSHMAN	BRADENTON, FL	Add
	<i>FIEUSHMAN</i>	34205	□ Remove
	٠,		Change
+MBR	CHRISTIAN HERSHMAN	BRADENTON, FL 34205	Add
	HOUSHMAN	BRADENTON, FL	☐ Remove
			Change
<del></del>		<u></u>	🗆 Add
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alua at	record specif			e, but not a	n effective t	ime, at 12:0	1 a.m. on the	earlier
Signature of a member or authorized representative of a member				2017				
CHRISTIAN HERSHMAN  Typed or printed name of signee	The 90th day	13 Oll	1000	4	· · · · · · · · · · · · · · · · · · ·		··-	

Page 3 of 3

Filing Fee: \$25.00