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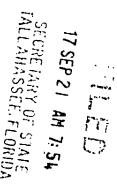
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COVER LETTER

Division of Corporations						
SURJECT: HOLIDAY	TRADITIONS LLC					
	Name of Limited Liability Company					
The enclosed Articles of Amendment a	id fee(s) are submitted for filing.					
Please return all correspondence conce	ning this matter to the following:					
·						
	Name of Person					
	Name of Person					
· <u>i</u>	OLIDAY TRADITIONS LLC					
	. His company					
_156	DENTRAL AVE, UNIT 173					
	Address					
<u>ST.</u>	PETERS BURC. FL 33705 City/State and Zip Code Callhawking @ 9Mail. Com E-mail address: (to be used for future annual report notification)					
	City/State and Zip Code					
()	E-mail address: (to be used for future annual report notification)					
For further information concerning this						
NIALL HAIRN						
NIALL HAWKIN Name of Person	at (724) 777 - 3989 Area Code Daytime Telephone Number	Area Code Daytime Telephone Number				
Enclosed is a check for the following a	nount:					
\$25.00 Filing Fee	iling Fee & S55.00 Filing Fee & S60.00 Filing Fee, ate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)					
MAILING ADDRE Registration Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231	Registration Section Division of Corporations Clifton Building					

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOLIDAM TRADITI	IONS LLC
(Name of the Limited Liability Company [(A Florida Limited Lia	
The Articles of Organization for this Limited Liability Company w	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	<u>lity company here</u> :
The new name must be distinguishable and contain the words "Limited Liability	ity 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)	
	fice address on our records, enter the name of the new
Name of New Registered Agent: New Registered Office Address: New Registered Office Address:	Enter Florida secet address Florida City O'Ap, Code:
New Registered Agent's Signature, if changing Registered Agent:	DA P
I hereby accept the appointment as registered agent and agree	e to act in this capacity. I further agree to comply with the

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

	Authorized Person(s) authorized to ma from our records:	inage, enter the title, name, and address of each	person being added
MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>AMBR</u>	NIALL HAWKING	1560 CENTRAL AVE	DAdd
	 	UNIT 173	🗆 Remove
	\. 	ST, PETERSBURG, FL 3370	55 □ Change
AMBR	CONOR HAWKING	5330 BENTGRASS WAY	B Add
-		BRADENTON, FL 3421	☐ Remove
-	 - 		☐ Change
-			\Ddd
			□ Remove
			Change
			
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nending any o	ther information, e	 nter change 	e(s) here : (Attac	h additional shee	ts, if necessary	.)	
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