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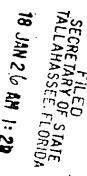
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	,	,	COVER LETT	ΓER	
	stration Sec sion of Corp				
	Hardway2,	LLC			
SUBJECT:			ited Liability Company		
The enclosed	Articles of a	Amendment and fee(s) are subr	mitted for filing.		
Please return	all correspo	ndence concerning this matter t	to the following:		
		Shawn Loyden			
		-	Name of Person		
		Hardway2, LLC			
			Firm/Company		
		1924 Michigan Ave NE			
			Address		
		St Petersburg, FL 33703			
		kmoots@gmail.com	City/State and Zip C	ode	
		E-mail address: (t	o be used for future an	nual report notification	·
For further in	formation co	oncerning this matter, please ca	ali:		
Shawn Loyde	en		727 at ()	420-2320	
	Name of	Person	Area Code	Daytime Teleph	none Number
Enclosed is a	check for th	e following amount:			
■ \$25.00 Fi		□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing F Certified Copy (additional copy i	y <mark>l</mark>	3 \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Division P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	Regis Divis Clifte 2661	EET/COURIER AT stration Section sion of Corporations on Building Executive Center Ci thassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hardway2, LLC	
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L17000188422</u>	npany were filed on 09-05-2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
The new name must be distinguishable and contain the words "Limite	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	→ Þ ′¢
(Principal office address MUST BE A STREET ADDRE	
	AN HE
	2 SSS
Enter new mailing address, if applicable:	3
(Mailing address MAY BE A POST OFFICE BOX)	= FLST
Maning address MAT BE A FOST OF FICE BOX	ATE
registered agent and/or the new registered office addre	red office address on our records, enter the name of the new
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered 2	.gent:
provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	d agree to act in this capacity. I further agree to comply with the aplete performance of my duties, and I am familiar with and at as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability
	f Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

	ng Authorized Person(s) authorized to made in the description of the d	nanage, <u>enter the title, name, and a</u>	address of each person being added
MGR = N	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AM	Robert Ossi		
		2806 Roberts Lake PL, Tampa, FI	
			□ Change
			Remove
			Change
			Remove
			Change
			
			Remove
			□ Change
			□ Remove
			Change
			Add
			□ Remove
			Change

D. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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E. Effect	ive date, if other than the date of filing: (optional)		
Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records.	05.020' sted as	7 (3)(b) i the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlest 90th day after the record is filed.	lier o	f:
n . 1	January 18 2018		
Dated	56-1-		
	Signature of a member or authorized representative of a member		
	Shawn Loyden		
	Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00