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COVER LETTER

ro:	Registration Sect Division of Corp			
	_ H	alf back Enterpr	ises, LLC	
SUBJE	UI:		ited Liability Company	
The enc	losed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspon	dence concerning this matter	to the following:	
			Karen Elkart	
			Name of Person	
			Halfback Enterprise	5, LLC
		-	Firm/Company	
		4700 Ston	e Ridge Trail	
			Address	
			Sarasúta, FL 34232	·
		المالم المالم	City/State and Zip Code	
			CKenterprises egm	
For furt	her information co	ncerning this matter, please ca	·	,
	Karer	ECKAH	at (941) 549 Area Code Daytime	-0056
	Name of		Area Code Daytime	2 Telephone Number
Enclose	d is a check for the	e following 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

Halfback En	terprises, LLC	
(Name of the Limited Liability Compar (A Florida Limited L	<u>ry as it now appears on our records.)</u> iability Company)	-
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000137669</u> .	were filed on	od assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability of the contain the words "Limited Liability of the contain the words "Limited Liability".	ity Company," the designation "LLC" or the abbreviati	on "L.L.C."
Enter new principal offices address, if applicable:		~
(Principal office address MUST BE A STREET ADDRESS)	· 171	25
		8 11
	, and	30
Enter new mailing address, if applicable:	F _	
(Mailing address MAY BE A POST OFFICE BOX)		; <u> </u>
	797	<u> </u>
	,	רוו
B. If amending the registered agent and/or registered of		ame of the ne
registered agent and/or the new registered office address here	<u>:</u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zip	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, 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>	<u>Address</u>	Type of Action
AP	George J Echan	856 Kemp Road	Add
		Mooresville, NC 28117	Remove
			Change
			☐ Remove
			Change
			Add
			Remove
			Change
			□ Remove
			Change
			Remove
			Change
			Add
			Remove
			□ Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(II an e Note	rtive date, if other than the date of filing:
f the re b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	1 10/26/2019
	Signature of a member or authorized representative of a member
	Karen J Echart
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00