

L18000 181 815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2019 AUG 12 PM 12:10

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AUG 14 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOUSE TAKEDOWN, 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:

Logan Hollowell

Name of Person

House Takedown, LLC

Firm/Company

1908 Wheeler Road

Address

North Palm Beach, Florida 33408

City/State and Zip Code

logan@housetakedown.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Logan Hollowell

772
at ()

349-2596

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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**

2019 APR 12 PM 12:10

HOUSE TAKEDOWN, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/30/2018 and assigned
Florida document number L18000181815.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

1908 Wheeler Road

North Palm Beach, Florida 33408

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1908 Wheeler Road

North Palm Beach, Florida 33408

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Logan Hollowell

New Registered Office Address:

1908 Wheeler Road

Enter Florida street address

North Palm Beach

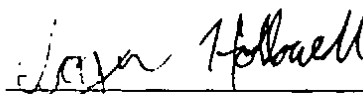
City

Florida 33408

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>	<u>Type of Action</u>
AMBR	Eric Hornick	1207 Tequesta Street	<input type="checkbox"/> Add
		Fort Lauderdale, Florida 33312	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Joshua Shankman	2676 SW Prospect Place	<input type="checkbox"/> Add
		Palm City, Florida 34990	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Logan Hollowell	1908 Wheeler Road	<input checked="" type="checkbox"/> Add
		North Palm Beach, Florida 33408	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 9 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee