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(Requestor's Name)
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(Address)
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(City/State/Zip/Phone #)
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(Submede Entry Name)
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Marie 8

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: HQ	Miday Indi	15tries LLC ed Liability Company	
	Amendment and fee(s) are subn		
Please return all correspo	ndence concerning this matter to	the following:	
	David	Hallday Name of Person	
	Hallida	Industries Firm/Company	LLC
	5055 Indus	My dr. Address	 -
	melbown	City/State and Zip Code	<u>O</u>
		USTRES LLC @ o be used for future annual report notiti	
For further information of	concerning this matter, please ca	И:	
Name (of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)
	JNG ADDRESS:	STREET/COURI Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2018 DEC - 7 AM 10: 55
SECRETARY OF STATE

A. If amending name, <u>enter the new name of the limited liah</u>	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	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)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	Enter Florida street address

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.

City

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>	Address	Type of Action
ces	David J. Halliday	2816 maderia circle	
		Melbourne, Fe 32940	<u></u> ☆ Remove
			Change
MBR	David J. Halliday	5055 Industry dr.	XAdd
		Melbourne, Fl 32940	□ Remove
			Change
			Add
			□ Remove
			Change
			Remove
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f an effe <u>Note:</u>	date, if other than the date of filing: (optional) ve 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 's effective date on the Department of State's records.
ne rec The	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o Oth day after the record is filed.
Dated _	ecomber 3. 2018.
	77 1 4 6/1 *
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00