18002	02574
(Requestor's Name) (Address) (Address)	700319183307
(City/State/Zip/Phone #)	10/03/1601001028 **25.00
(Document Number)	TALLAHASSEE, FLED

COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: _	Hardtack	LC
		Stune 14

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:

_	Kellie	Potter		
	Name of Person			
_	Hardtack uc			
	Firm/Company			
	302	274 St	reet	West
_	Address			
_	Braden	ton Fi	34	1205
	Kelzo	++ O hot	-mail-	- ang - Watt
For further information concer	E-mail address Pressed ning this matter, please	Waffles	annual repor	t notification)
_			U	
Kellie Pot	ter	at (94]	5	127 - 830 1
Name of Pers	on	Area Coo	ie D	aytime Telephone Number

Enclosed is a check for the following amount:

S25,00 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 T ARTICLES OF O O	O DRGANIZATION	FILED
Hard tack U (<u>Name of the Limited Liability Compa</u> (A Florida Limited I The Articles of Organization for this Limited Liability Company Florida document number <u>L18000WV574</u>		2018 OCT -3 AM 9: 42 ar records.) SECRETARY DE STATE
This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liab</u> \overrightarrow{NA} The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (<u>Principal office address MUST BE A STREET ADDRESS</u>)	12.1114/111144	W SMX ion "LLC" or the abbreviation "L.L.C." PM Street West M, FL 34225
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>	302 27 Biúdenta	m Street West 1, FC 34205
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	<u>e</u> :	records, enter the name of the records, $\frac{1}{2}$ enter the name of the records $A = -\frac{1}{2}$

Name of New Registered Agent:	N/A- remaining the simile			
New Registered Office Address:	302 27th Stre	ct West		
	Enter Florida street address			
	Bradinton	, Florida 34205		
	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.

Kulle Potter

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:

.

□ Change

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		Address	<u>Type of Action</u>
	N	A		🗖 Add
				Remove
				Change
				🖸 Add
			<u>·</u>	
				Change
			· · · · · · · · · · · · · · · · · · ·	🗆 Add
		•		Remove
		•		Change
	<u> </u>			□ Add
				Remove
			•	Change
	· · · · · · · · · · · · · · · · · · ·			□ Add
				Remove
				Change
				🗆 Add
				□ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

· ·

online term Add change v^{γ} Suite number U in cludes nv D(MStere mu P

E. Effective date, if other than the date of filing: 10 2 20 10 (optional)
(If an effective 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 605.0207 (3)(b)
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October

Signature of a member or authorized representative of a member

Kellie

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00