L19000072437

| (R | equestor's Name) | |
|-------------------------|------------------------|--------|
| (A | ddress) | |
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| (C | ity/State/Zip/Phone #) | |
| PICK-UP | ☐ WAIT | MAIL |
| (B | usiness Entity Name) | _ |
| (Document Number) | | |
| Certified Copies | Certificates of | Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| Division of Corp | orations | • | |
|--------------------------------------|---------------------------------|--|--|
| CUD IT CT. | Family Enterprises, LLC | | |
| | Name of Lim | ited Liability Company | |
| | | | |
| The enclosed Articles of A | mendment and fee(s) are sub | mitted for filing. | |
| Please return all correspon | dence concerning this matter | to the following: | |
| | P. Todd | Kennedy, Esq. | |
| | | Name of Person | |
| | Kenned | ly & Kennedy, P.L. | |
| | | Firm/Company | |
| | 14 South | neast 4th Street, Ste 36 | |
| | | Address | |
| | Boca Ra | ton, FLorida 33432 | |
| | | City/State and Zip Code | |
| | | @gmail.com | N . |
| | | to be used for future annual report notif | iteation) |
| For further information cor | ncerning this matter, please co | all: | |
| P. Todd Ken | nedy | 561 683-2484 at () | |
| Name of I | Person | | : Telephone Number |
| Enclosed is a check for the | following amount: | | |
| S25.00 Filing Fee | ☐ \$30.00 Filing Fee & | ☐ \$55.00 Filing Fee & | □ \$60.00 Filing Fee. |
| 2 3 3 3 5 1 1 1 1 1 1 1 1 1 1 | Certificate of Status | Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy (additional copy is enclosed) |
| MAILIN | G ADDRESS: | STREET/COURI | ER ADDRESS: |

TO:

Registration Section

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

Registration Section
Division of Corporations
Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

HALL FAMILY ENTERPRISES, LLC

2019/1/25 PH 1:03 (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 March 14, 2019 | and assigned |
|--|---|---------------------------|
| Florida document number L19000072437 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 10553 Maple Chase Drive | |
| (Principal office address MUST BE A STREET ADDRESS) | Boca Raton, FL 33498 | |
| | | |
| Enter new mailing address, if applicable: | 10553 Maple Chase Drive | |
| (Mailing address MAY BE A POST OFFICE BOX) | Boca Raton, FL 33498 | |
| maning data ess mai DE ATOST OFFICE DOM | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | - | enter the name of the nev |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | Florid | |
| | City | Zip Code |

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 |
|----------------------|-----------------|-------------------------|----------------|
| AMBR | Bevan E. Hall | 10553 Maple Chase Drive | |
| | | Boca Raton, FL 33498 | Add |
| | | | Remove |
| | | - | Change |
| AMBR Despina P. Hall | Despina P. Hall | 10553 Maple Chase Drive | Add |
| | | Boca Raton, FL 33498 | |
| | | | Remove |
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| Note: | ive date, if other than the date of filing: |
| | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed. |
| Dated | April 26 2019 Beran & Hall |
| | Signature of a member or authorized representative of a member |
| | Bevan E. Hall, Auth Rep |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00