L19000079065

(Re	equestor's Name)	
(Ad	ldress)	
		
DA)	ldress)	
(Cit	ty/State/Zip/Phone #	<u> </u>
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
		
(Do	ocument Number)	
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C. GOLDEN APR - 8 2019

COVER LETTER

\$25.00 Filing Fee	☐ \$30.00 Filing Fcc & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy
Enclosed is a check for the	c following amount:		
Name of	Person		Telephone Number
H Jagar		at (384a) 1693-	1998
For further information co	ncerning this matter, please ca	all:	
	E-mail address: (to be used for future annual report notifi	(CD)
	Palm Co	City/State and Zip Coole	164
		Address	
	(a/ b) (1 ==1)	himed in	
	w. Holl	Holding Firm/Company	IIC_
		Name of Person	
	April H	OU	
Picase return all correspon	idence concerning this matter	to the following:	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
		J	
SUBJECT: M +	hll Holds	ited Liabling Company	
TO: Registration Sec Division of Corp			

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

FILED 2019 APR -1 PH 5: 39

•	HALL HOLDINGS LLC	14177	7 1 - 2 €36, F1
(Name of the Limi	ted Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited L Florida document numberL19000079065		03/21/2019	_and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liability company her	<u>¢</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the des	ignation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)		
			
B. If amending the registered agent and registered agent and/or the new registered o		our records, <u>enter th</u>	e name of the ne
Name of New Registered Agent:	AprilHall		
New Registered Office Address:	Enter Florid	a street address	
		Planida	
	City	, Florida	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			
Title	Name	<u>Address</u>	Type of Action
AMBR	April Hall	616 wellward In	X Add
		Colb wellwood in Palm Coast IEL	O Romose
		32164	Change
			<u>C 2</u>
			Change
			D Ramote
			Change
			□ Add
			C Resource
			Change
			Add
			C R zzosc
			Change
			D Add
			C Remove
			Change

. If nme	oding my other information, enter change(s) here: (Attach additional cheets, if necessary.)
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Note:	ve date. If other than the date of fding: (optional) the date in lead, the date must be specific and common be prior to date of fding or more than 50 days after fding.) Parsums to 600000000000000000000000000000000000
he rec The	ord 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 _	3-29-19
	Signature of a member or authorized representative of a member
	April Hall
	Typed on printed conne of stenor

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Filing Fee: \$25.00