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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

Phone: 850-558-1500
ACCOUNT NO. : I2000000195
REFERENCE: 576378 8381435
AUTHORIZATION : Springle Market
COST LIMIT : \$ 25.00
ORDER DATE: March 13, 2023
ORDER TIME : 8:35 AM
ORDER NO. : 576378-005
CUSTOMER NO: 8381435
DOMESTIC AMENDMENT FILING
NAME: HAZEL SKY, LLC
EFFECTIVE DATE:
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER'S INITIALS:

TO: **Registration Section Division of Corporations** Hazel Sky, LLC SUBJECT: __ 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: Dana L. Lee Name of Person Amold & Porter Firm/Company 601 Massachusetts Ave., NW - Room 10411 Address Washington, DC 20001-3743 City/State and Zip Code Dana.Lee@arnoldporter.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ryan F. Bender Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed). (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

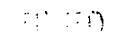
Tallahassee, FL 32303

COVER LETTER

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



Hazel Sky, LLC	2023 MAR 13 AM 8: 48
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000085594</u> .	were filed on 04/01/2019 and assigned
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	· · · · · · · · · · · · · · · · · · ·
Enter new principal offices address, if applicable:	c/o Rockridge Capital Holdings
(Principal office address MUST BE A STREET ADDRESS)	22 NE 22nd Ave., #4 Pompano Beach, FL 33062
Enter new mailing address, if applicable:	Thomas W. Richardson Arnold & Porter
(Mailing address MAY BE A POST OFFICE BOX)	601 Massachusetts Ave., NW - Room 10408
-	Washington, DC 20001
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new regist
New Registered Office Address:	Enter Florida street address
	Florida 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.

DocuSign Envelope ID: 9D37A66C-8939-4A4B-B615-7972593D6B1D in amenting Authorized rerson(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
	 		□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Add
			□Remove
	····		□Add
			□Remove
			∏ Changa

). If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
Note: If	e date, if other than the date of filing:
he record s ord is filed	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 l.
Dated	February 21 2023
	Jonathan C. Deluca
	Signature of a member or authorized representative of a member
	Jonathan C. DeLuca, Manager
	Typed or printed name of signee

Filing Fee: \$25.00