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| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phone | : #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: | Registration Secti Division of Corpo | | • | |
|----------------|---|---|---|---|
| SUBJ | ECT: | Flagler Name of Lim | T LLC ited Liability Company | |
| The er | nclosed Articles of An | nendment and fee(s) are sub- | mitted for filing. | |
| Please | return all correspond | ence concerning this matter | to the following: | |
| | | Na | Man Ward Name of Person | |
| | | | Firm/Company | |
| | | 525 5 1 | Flagler Dr. Ste. ? | 201 |
| | | west Pal | Im Beach, FL 33 City/State and Zip Code | 401 |
| | | | de pbc4 p. com to be used for fature annual report notifi | |
| For fu | rther information con | cerning this matter, please ca | all: | |
| | Natnan Name of Po | Ward | at (56/) 459- Area Code Daytime | 7022 Telephone Number |
| Enclo: | sed is a check for the | following amount: | | |
| J Z \$2 | 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) |

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

| Hagler 1 | LLC |
|--|---|
| (Name of the Limited Liability Compan (A Florida Limited Li | were filed on 4/30/2019 and assigned |
| The Articles of Organization for this Limited Liability Company | were filed on 430 2019 and assigned |
| Florida document number L 19000 117175 | ω |
| This amendment is submitted to amend the following: | lity company here: |
| A. If amending name, enter the new name of the limited liabil | lity company here: |
| The new name must be distinguishable and contain the words "Limited Liabili | ty Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 525 S Flagler Dr., Ste 201 West Palm Beach, FL 33401 |
| (Principal office address MUST BE A STREET ADDRESS) | West Palm Beach, FL 33401 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 525 S Flagler Dr., Ste 201 West palm beach, FL 33401 |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here | fice address on our records, enter the name of the new: |
| Name of New Registered Agent: | Ward |
| New Registered Office Address: 525 S | Flugler Dr. Ste 201 Enter Florida street address |
| West f | alm Beach Florida 33401 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 Address Type of Action Shaun McGruder 525 5 Flagler Dr., Svite 201 DAdd MGR West Palm Beach, FL 33401 - Remove ☐ Change Nathan Ward 525 S Flagler Drive, Svite 201 Add MGR Wost Palm Beach, FL 33401 Remove Change MGR Dale Hersey 525 S Flagler Dr., svite 500 - Add West Palm Beach, FL 33401 DRemove □ Add ____ □ Remove ____ □ Change □ Add □ Remove ☐ Change ☐ Remove

___ _ _ _ _ Change

| ective date, if other than the date of filing: (optional) (optio | | |
|--|------------------|--|
| te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a cument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. Red May 10 Signature of a member of authorized representative of a member | | |
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| A/AM_{-A} $A/A=A$ | | 1/1/4 |

Page 3 of 3

Filing Fee: \$25.00