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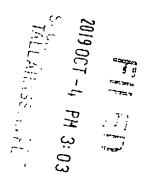
(Re	questor's Name)	
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: HID -N-TREASURES LLC 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:
Ann m. Stephens
HID-N-TRASORES LLC Firm/Company
13130 Sw Hury 484
City/State and Zip Code
For further information concerning this matter, please call:
Name of Person  at (94), 628-0204  Area Code  Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee \$\ \times \text{\$30.00 Filing Fee & Certificate of Status} \text{\$\subseteq \text{\$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\subseteq \text{\$\subseteq \text{\$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

HID-N-IREA (Name of the Limit	SURES	LLC	an our records			
() varie of the Limit	(A Florida Limited I	ny as it now appears of lability Company)	m om records.)			
The Articles of Organization for this Limited Li Florida document number <u>L19000154</u>		were filed on 6	14/2014	and	assigned	d
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name of	f the limited liab	ility company here	<u>:</u> :			
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the desi	gnation "LLC" or the	abbreviation	"L,L.C."	
Enter new principal offices address, if applic	able:	11997S	US Huy	1440		<del></del> >
(Principal office address MUST BE A STREE	T ADDRESS)	Bellevi	1ew, Fl	ORID	1 34	<u>420</u>
Enter new mailing address, if applicable:		·······			~-	
(Mailing address MAY BE A POST OFFICE	BOX)			<u> </u>	019	<del></del>
		<del> </del>		<u></u>	001	
						- 121.3 - 121.3
B. If amending the registered agent and/ registered agent and/or the new registered of	• *		our records, <u>ent</u>	er the nar	ne of the	he-new
registered agent und/or the new registered of	inc addition ner	<b></b>			င္မာ ို	T. == 5°
Name of New Registered Agent:				;	03	
New Registered Office Address:	11997	5, US t	1my 44			
	BEILE	Linter Ploride	ı strect address, Florida	341	120	l
		City		Zip Ce	rde	

### 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		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ann M. Stephens	131305W Hwy 484	Add
	•	131305W Hwy 484 Dunnellon F1 3443	<b>∂</b> □ Remove
			Change
MGR	John P Jaylor	13130 Sw Huy 484 Donnellon F1 34432	D Add
	ı	Donnellar F1 34432	Remove
		·	Change
			☐ Remove
			Change
<del></del>			🗆 Add
			Remove
			Change
	<del></del>		Add
			□ Remove
			Change
			□ Add
			□ Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing: 4-30-2019 (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.
f 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 9-30 2019
Signature of a member of authorized representative of a member
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00