# L190002484/2

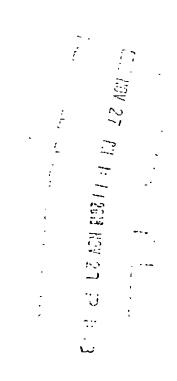
(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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## CAPITAL CONNECTION, INC.

417 E. Virgini**4**,Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

HALLMARK INTE	RNATIONAL		
EXPORT SERVICE	ES LLC		
L19000248412			
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			✓ Art. of Amend. File INC
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			✓ Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
0:		<del>_</del>	Fictitious Owner Search
Signature			Vehicle Search
	_ <b></b>		Driving Record
Requested by: BA	11/07/10		UCC 1 or 3 File
	11/27/19		UCC 11 Search
Name	Date	Time	UCC 11 Retrieval
Walk-In	Will Pick Up		Courier

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#### **COVER LETTER**

TO: Registration S Division of Co			
Hallmark	International Export Service	s, LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
	ondence concerning this matter	-	
	Jason Fitzgerald		
	<del></del>	Name of Person	<del></del>
	Hallmark International E	Export Services, LLC	
		Firm/Company	<del> </del>
	1032 Kilkenny Ln.		
		Address	<del></del>
	Ormond Beach, FL 321	74	
		City/State and Zip Code	
	hallmarkinternationalexp	= -	
	E-mail address:	(to be used for future annual report no	tification)
For further information of	concerning this matter, please o	eall:	
Jason Fitzgerald		407 233-5001	
Name o	of Person	Area Code Daytii	me Telephone Number
Enclosed is a check for t	he following amount:		
□ \$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 S		Street Address: Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632 Tallahassee, 1		The Centre of 2415 N. Monre	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hallmark International Export Servi	ces, LLC	רו אוו רי אינו דינ
( <u>Name of the Limited</u> (A	Liability Company as it now appears on o Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liab Florida document number L19000248412		019 and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	e:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered affice address h		s, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	eet address
		Elecide
-	Citv	, Florida

#### 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>	Name	<u>Address</u>	Type of Action
AMBR	Susan M. Difabio	1032 Kilkenny Ln.	BAdd
		Ormond Bch. FL 32174	□Remove
			□ Change
		<u></u>	
			□ Remove
			□Change
		<del> </del>	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		<del></del>	Change
		<del></del>	□Add
			□Remove
			Change

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(If an effective date is listed, the date mi	ust be specific and cannot be prior to dolook does not meet the applicable	(optional)  tlate of filing or more than 90 days after filing.) Pursuant to 605.0207 ( e statutory filing requirements, this date will not be listed as the
If the record specifies a delaye (b) The 90th day after the re		in effective time, at 12:01 a.m. on the earlier of:
November 27th Dated	2019	
Dated	-	·
Hom	Signature of member or authorize	ed representative of a member
		,       •
Jason Fitzgerald		

Page 3 of 3

Typed or printed name of signee