# L19000254347

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# **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration Solution of Col		· · · · · · · · · · · · · · · · · · ·	
	perations, LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del> </del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	David Holland		
		Name of Person	
	Holland Operations, LLC		
		Firm/Company	<u> </u>
	7811 Arbordale Dr.		
		Address	
	Port Richey FL 34668		
	hollandoperation@gmail.		
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
David Holland		727 777-8057	
Name o	of Person	at () Area Code Daytim	e 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 Addre Registration		Street Address: Registration Se	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	27	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Holland Operations, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/09/2019 and assigned Florida document number L19000254347 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.I.C" or the abbreviation "L.I.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_, Florida \_ City

#### 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	MICHAEL MCDONNELL	7821 ARBORDALE DR.	≣Add
		PORT RICHEY FL 34668	□Remove
			Change
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Note: If the date inserted in this b document's effective date on the E he record specifies a delaye.  The 90th day after the record specifies and the specifies are specified as the specified as th	d effective date, but not cord is filed.	t an effective time, at 12 	:01 a.m. on the earlier of:
Note: If the date inserted in this bedocument's effective date on the Entered specifies a delaye. The 90th day after the record specifies and MARCH 9TH	d effective date, but not cord is filed.		:01 a.m. on the earlier of:

Page 3 of 3

Filing Fee: \$25.00