

K20 0000 30657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

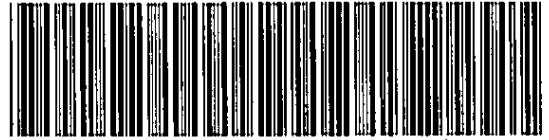
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21 JUL -1 PM 12:24
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HOLDEN GROUP, 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:

STEPHEN C. BOOTH, ESQUIRE

Name of Person

BOOTH & COOK, P.A.

Firm/Company

7510 RIDGE RD.

Address

PORT RICHEY, FL 34668

City/State and Zip Code

tracy@americanmetalworx.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen C. Booth

727

842-9105

at (_____)

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

21 JUL -1 PM 12: 24

HOLDEN GROUP, 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 JANUARY 30, 2020 and assigned
Florida document number L20000030657.

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

11022 TEE TIME CIRCLE

NEW PORT RICHEY, FL 34654

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7806 PROVANCE LANE

NEW PORT RICHEY, FL 34654

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:

TRACY SHULL

New Registered Office Address:

7806 PROVANCE LANE

Enter Florida street address

NEW PORT RICHEY

City

, Florida 34654

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.

by:

Tracy Shull
If Changing Registered Agent, Signature of New Registered Agent

Tracy Shull

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	M.D. BOYCE	9119 RIDGE RD. PMB 90	<input type="checkbox"/> Add
		NEW PORT RICHEY, FL 34654	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	TRACY SHULL	7806 PROVANCE LANE	<input checked="" type="checkbox"/> Add
		NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	JULIA SHULL	7806 PROVANCE LANE	<input checked="" type="checkbox"/> Add
		NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	KEVIN D. MUELLER	11890 IRISH RIDGE RD.	<input checked="" type="checkbox"/> Add
		BURLINGTON, IA 52601	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	DIANE M. MUELLER	11890 IRISH RIDGE RD.	<input checked="" type="checkbox"/> Add
		BURLINGTON, IA 52601	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

21 JUL -1 PM 12:26

E. Effective date, if other than the date of filing: JUNE 28, 2021 (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.

If 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 June 28, 2021



Signature of a member or authorized representative of a member

Tracy F Shull

Typed or printed name of signee