L20 000081738

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

TO: Registration S Division of Co	ection - · rporations	•	1		
H&H Cust	toms LLC	,			
SUBJECT:Name of Limited Liability Company					
	Amendment and fee(s) are sub				
	Nathaniel Hollow				
		Name of Person			
	H&H Customs LLC				
		Firm/Company			
16019 SW 91St Street					
		Address			
	Archer, Florida 32618				
City/State and Zip Code				(
	NateHollow1@gmail.com	to be used for future annual report notifi		020 7.6	
For further information of	econcerning this matter, please c	·	cation)	2020 SEP 1 CEURLIAN TALLAN	3 3
Nathaniel Hollow		630 4417894 at ()		7 PA	or pag
Name	of Person		Telephone Number	<u> </u>	
Enclosed is a check for t	he following amount:			,TI =	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

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

H&H Customs LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	nny as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number L20000081738.	were filed on March 13th, 2	2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "l	.I.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	020
		FR S T
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		· i , · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>en</u> t	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
	Enter Florida street add	dress
***************************************		Florida
	City	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Alexander Poirier	1003 NW 15th Avenue, Gainesville Florida, 3260	1 _⊟Add
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Effective date, if oth	er than the date	8/31/2	020	(or	tional)	
f an effective date is listed Note: If the date inser	d, the date must be spe	ecific and cannot be	prior to date of filing o	or more than 90 days at	ter filing.) Pursuant to	605.0207
document's effective d	ate on the Departm	ient of State's rec	ords.	mig requirements, i	ms date will not be	nseed as
e record specifies a dele rd is filed.	ayed effective date,	but not an effecti	ve time, at 12:01 a.	m. on the earlier of:	(b) The 90th day	after the
August 31st		2020				
			 .			
Dated	1					

Typed or printed name of signee