Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : BURKE FAULKNER LAW, P.A.

Account Number : I20150000064 : (727)781-7428 Fax Number : (727)214-2814

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address: | | |
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COR AMND/RESTATE/CORRECT OR O/D RESIGN HINTERLANDS, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$35.00 |

Electronic Filing Menu Corporate Filing Menu

Help

23

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Hinterlands, LLC | | 20 |
|---|---|--|
| (Name of the Limited Liabili (A Florid | ity Company as it now appears on our records.) a Limited Liability Company) | District Policy of the Control of th |
| The Articles of Organization for this Limited Liability C Florida document number <u>L20000090571</u> | Company were filed on March 26, 2020 | Sold assigned T |
| This amendment is submitted to amend the following: | | 22 |
| A. If amending name, <u>enter the new name of the lim</u> | <u>ited liability company here</u> : | |
| Hinterland, LLC | | |
| The new name must be distinguishable and contain the words "Lim | nited Liability Company," the designation "LLC" or th | e abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | · | |
| (Principal office address MUST BE A STREET ADD) | RESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | d office address on our records, enter the n | ame of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| <u></u> | , 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.

|--|

Fax 7272142814

Wed 01 Apr 2020 01:40:56 PM EDT

Page 4 of 5

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 |
|-------|---------|
| LATER | |

AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|------|---------|----------------|
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