Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BURKE FAULKNER LAW, P.A.

Account Number : 120150000064 : (727)781-7428 : (727)214-2814 Phone Fax Number

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HINTERLAND, LLC

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Corporate Filing Menu

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From: Henri Bardhi

Fax: 17279394900

To: Division of Corporations Fax: (850) 617-6383

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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1 TH 20 TH 9: 47

HINTERLAND, LLC			<u> </u>
(Name of the Limited Liabili (A Florida	ty Company as it now ap Limited Liability Compar	<u>pears on our records.</u>) 1y)	
The Articles of Organization for this Limited Liability C Florida document number <u>L20000090571</u>	Company were filed on	03/26/2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability compan	v here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," t	the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	611 S. FT. I	HARRISON AVE #15	1
Principal office address MUST BE A STREET ADDI	CLEARWA	ATER, FL 33756	
Enter new mailing address, if applicable:	611 S. FT.	HARRISON AVE #15	1
(Mailing address MAY BE A POST OFFICE BOX)	CLEARWA	NTER, FL 33756	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on o	ur records, <u>enter th</u>	e name of the new regist
Name of New Registered Agent:			
New Registered Office Address: 611 S	S, FT, HARRISON AVE		
		r Florida street address	00750
CLE	ARWATER	Flori	ida 33756 Zip Code
	City		zą wo
New Registered Agent's Signature, if changing Register	ed 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

From: Henri Bardhi

Fax: 17279394900

To: Division of Corporations Fax: (850) 617-6383

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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 (((H20000405495 3)))

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CHRISTOPHER SUTTON	611 S. FT. HARRISON AVE #151	🗀 🗆 🗆 🗀 Add
		CLEARWATER, FL 33756	□Remove
			■ Change
			Remove
			Change
			□Add
			Remove
			Change
			□Add
			Remove
			□Change
			🗆 Add
			Remove
			□Change
			🗖 Add
			Remove
(((1120000) 405495 3)))		Change

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To: Division of Corporations Fax: (850) 617-6383

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Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the I	lock does not meet the applic	able statutory tiling requi	(optional) 90 days after filing.) Pursuant to 6 rements, this date will not be li	505.0207 isted as
ne record specifies a delayed effection of is filed.	ve date, but not an effective t	ime, at 12:01 a.m. on the	earlier of: (b) The 90th day at	fter the
Dated November 24	2020 Signature of a member or auth	<u>.</u>		
	- 35 FL V		. — . —	

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