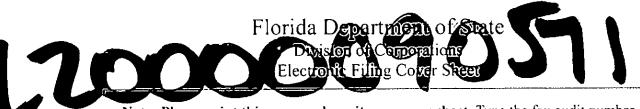
Division of Corporations



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)617-6383

From:

Account Name : BURKE FAULKNER LAW, P.A.

Account Number : 120150000064 Phone : (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.

c 13	Address:			
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HINTERLAND, LLC

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To:

Fax: (850) 617-6383

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COVER LETTER

	gistration Secti vision of Corpo			* (((H200004109513)))					
	HINTERLAN	D, LLC			3)))				
SUBJECT:		Name of Limit	ed Liability Company						
The enclose	ed Articles of An	nendment and fee(s) are subn	nitted for filing.						
Please retur	n all correspond	ence concerning this matter t	o the following:						
		DEBRA A. FAULKNER							
			Name of Person))				
		BURKE FAULKNER LAW, P.A. Firm/Company 3937 TAMPA ROAD, SUITE 2 Address							
		OLDSMAR, FL 34677							
		DEBBIE@BURKEFAULKNERLAW.COM							
			o be used for future annual report noti	neation)					
For further	information cor	ncerning this matter, please ca	all:						
DEBRA A	FAULKNER		727 939-4900 at (
	Name of I	Person	Area Code Daytin	e Telephone Number					
Enclosed is	s a check for the	following amount:							
■ \$25.00) Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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

From: Henri Bardhi

* Fax: 17279394900

To:

Fax: (850) 617-6383

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H200004109513)))

HINTERLAND, LLC (<u>Name of the Limited Liability Comp</u> (λ Florida Limited	nny as it now appe Liability Company	ears on our records.)	
he Articles of Organization for this Limited Liability Company lorida document number L20000090571			and assigned
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited lia	bility company	here:	
he new name must be distinguishable and contain the words "Limited Liab	oility Company," th	e designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			020
The participation of the state	<u> </u>		H Th
			1
nter new mailing address, if applicable:		·	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	e address on ou	r records, <u>enter tr</u>	e name of the new regist
New Registered Office Address.	Enter 1	Torida street address	
		. Flor	rida
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>it:</u>		
I hereby accept the appointment as registered agent and agorovisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officeompany has been notified in writing of this change.	gree to act in th te performance s provided for i	of my duties, and n Chapter 605, F	i I am jamuuar wun ana S. Or, if this document is
	in Posistored	Agent Signature of	New Registered Agent

From: Henri Bardhi

Fax: 17279394900

To:

Fax: (850) 617-6383

Page: 5 of 6

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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

(((H200004109513)))

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	CASEY HOWARD SUTTON	4650 Penelope Ln, Plano Tx, 75024	■Add
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			□Change
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(((H2000	0410951 3)))		□Change

* Fax: 17279394900

To:

Fax: (850) 617-6383

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	,	At a second	
ffective date, if other than the date of filing: I an effective date is listed, the date must be specific and cannot be prior to consider the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	date of filing or more than 90 days e statutory filing requirements	optionary after filing.) Pursuant to 60 , this date will not be lis)5.020 sted a
record specifies a delayed effective date, but not an effective time d is filed.	e, at 12:01 a.m. on the earlier o	f: (b) The 90th day aft	er the
Dated December 1 2020			
Allen A Fauxta	5		
	ted representative of a member		

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Filing Fee: \$25.00