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(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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STATE CONFUNKTIONS

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HUSTICS Always Extluce 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:
COCI O Cade + Name of Person
HUSTIERS AIWCLYS EAT LLC Firm/Company
6345 PINESTER D. Apt 1127
Lake Wath FL 33463 City/State and Zip Code Hustles always ed Cyanus (CM)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
C'C(1. CCCE+ at Stel SA7-7620 Name of Person at Stel Daytime Telephone Number
Enclosed is a check for the following amount: S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee.

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

(Name of the Limited Liability Companied Liability Companied Liability Companied Liability Companied Liability Companies Liabi	hy as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number $\frac{L2000013198}{}$	were filed on 4/27/2020 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	dity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	20	
(Principal office address MUST BE A STREET ADDRESS)		gistered with the
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new register	red
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
 	, Florida City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is	he

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
CEO	Carl & Cadet	Lake Worth, FL 33463	_ ≣ Add
		Lake Worth, FL 33463	_ □Remove
			_ □Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
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an effec <u>ote:</u> H	e date, if other than the date of filing:	5.0207 ted as
ecord is tile	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after.	er the
nted _	05-21-7070 	
	Signature of a member-of authorized representative of a member	