12/28/21, 1:20 PM

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Division of Corporations Electronic Filing Cover Sheet

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)617-1	6383	2021 DEC
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Electronic Filing Menu Corporate Filing Menu

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H2 STRATEGIES LLC (<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ay as it now appears on our records.)
(A Florida Limited L The Articles of Organization for this Limited Liability Company Florida document number <u>L20000146882</u>	were filed on 05/29/20 and assigned
This amendment is submitted to amend the following:	A IO. I
A. If amending name, enter the new name of the limited liabi	
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:	
(Principal office address MUST BE A STREET ADDRESS)	
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:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

Cuv

Zip Code

_, Florida ____

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

,

<u>Title</u>	Name	Address	Type of Action
AMBR	Craig Hill	1759 RISING OAKS DR	🗆 Add
		JACKSONVILLE, FL 3222	3 KRemove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 12/28	. 2021	
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5.0	Signature of a member or authorized representative of a member	
Morgan No	ble	
	Typed or printed name of signee	

Filing Fee: \$25.00