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(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:





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NO RRUCE

COVER LETTER

TO: Registration Sec Division of Corp		:	•	
SUBJECT:	Hangry Named Lim	I SOACKZ LLC ited Liability Company	<u> </u>	
The enclosed Articles of A	Amendment and fee(s) are sub			
Please return all correspon	ndence concerning this matter	to the following:		
		Seadric C	rawford	
	Hang	YY SOCK Z LI Firm/Company	-C	
	1716 Rip(ole Jade Place	<u>e</u>	
	- Ruski	City/State and Zip Code	0	5 .3
	Soud-ic2 E-mail address: (to be used for future annual report notif	ication)	· <u></u>
For further information ec	oncerning this matter, please ca	all:	,	60 02
Securice Name of	Crawford Person	at (<u>954)</u> 268 Area Code Daytime	Telephone Number	79 C
Enclosed is a check for th	e following amount:		/	
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee Certificate of Sta Certified Copy radditional copy is ea	atus &
Mailing Address Registration S		Street Address: Registration Sec	tion	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 Limite	S C C C K d Liability Comp A Florida Limited	anv as it now ap Liability Compar	pears on our reco	ords.)			
The Articles of Organization for this Limited Lia		y were filed on	Kluembo	10,20	<u>၃ ၀</u> and a	ssigned	
This amendment is submitted to amend the follow	diment is submitted to amend the following: Inding name, enter the new name of the limited liability company here: Inding name, enter the new name of the limited liability company here: Inding name, enter the new name of the limited liability Company." the designation "LLC" or the abbreviation "L.L.C." Indicate Place Poskin, FL 33576 Inding address MUST BE A STREET ADDRESS) Inding address, if applicable: Indicate Place Poskin, FL 33576 Indicate Place Indicate Pla						
A. If amending name, enter the new name of	ng name, enter the new name of the limited liability company here: ust be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." ncipal offices address, if applicable: The Rights Jade Place						
The new name must be distinguishable and contain the wo	ords "Limited Liab						-
Enter new principal offices address, if applica		1716 Prisik	Ripple	Jade	<u> 1914</u>	<u>ce</u>	-
Timequi office address stoot DE /Totale	MODILE MY						-
Enter new mailing address, if applicable:							-
(Mailing address MAY BE A POST OFFICE B	(OX)				<u> </u>		-
B. If amending the registered agent and/or re agent and/or the new registered office address		address on ou	ır records, <u>ent</u>	er the name	of the n	ew registe	ned
Name of New Registered Agent:	Sea	drie	Craw	ford	· · · · · · · · · · · · · · · · · · ·	P) .	1 1 2
New Registered Office Address:	1716	Ripole Enter	SCOE Florida street add	Place		13 13	لم
	<u>R</u> ,	<u>Skin</u>	, 1	Florida	33 [°] z Zip Cod	5 7 <u>6</u>	-
New Registered Agent's Signature, if changing Ro	egistered 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, 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
			🗀 Add
		··	□Remove
		·	Change
			DAdd
			□Remove
			☐ Change
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	er than the date of filing	g:	(0	ptional)	
ffective date, if oth	d, the date must be specific and ted in this block does not n	d cannot be prior to date of	Tiling or more than 90 days a cory filing requirements,	after filing.) Pursuant to 605.03 this date will not be listed	207 Las :
an effective date is lister	late on the Department of S	State's records.			
in effective date is listenate: If the date inser					
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an effective date is listed of the date in ser ocument's effective of record specifies a del	ayed effective date, but not	an effective time, at 12	2:01 a.m. on the earlier of	f: (b) The 90th day after t	he
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an effective date is listed lote: If the date insersocument's effective of record specifies a del l is filed.	ayed effective date, but not	·	2:01 a.m. on the earlier of	î: (b) - The 90th day after t	he

Filing Fee: \$25.00