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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Hydrangea Lane Holdings LLC 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:
Patrick Defalma
Name of Person
Firm/Company
1902 W Camino Del Rio
Ven Beach, FL 32963 City/State and Zip Code Prodepalma@gmail.com 12-mail address: (to be used for future annual report notification)
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Patrick De Paul ma at (772) 321 - 7259 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hydrangea (ane	Holdings, LLC
(<u>Name of the Limited Liability Compan</u> (A Florida Limited L	
The Articles of Organization for this Limited Liability Company of Florida document number 42100036274	were filed on $\frac{2/3/2021}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	450 E Tangerine SQ SW
(Principal office address MUST BE A STREET ADDRESS)	Vero Beach, FL 32968
	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	ૂં
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
	- '
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
			□Remove
			□Change
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ective	date, if other than the d	ate of filing:			(optional)	
<u>te:</u> If	e date, if other than the dive date is listed, the date must be the date inserted in this bloc	k does not meet th	ne applicable stati	tiling or more than utory filing requi	90 days after filing rements, this date	.) Pursuant to 605.0207 (will not be listed as t
cumen	t's effective date on the Dep	artment of State's	records.			
cord s s filed	specifies a delayed effective o	late, but not an eff	fective time, at 12	2:01 a.m. on the	earlier of: (b) Tl	e 90th day after the
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ted	February 15	7 <i>o</i>	2021			
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	Si	gnature of a membe	r or authorized rep	resentative of a mo	ember	
						nick Dolain - MoR

Filing Fee: \$25.00