

L21000054055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

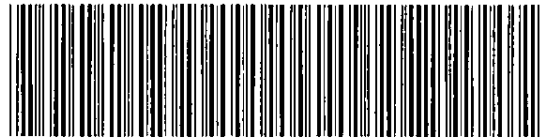
(Business Entity Name)

(Document Number)

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FILED  
2023 JUL 11 AM 10:34  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 07/11/23 BY 60322 UCBAW

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: M3D HANDWARE LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BARBARA W. HOGAN  
Name of Person

M3D HANDWARE LLC  
Firm/Company

9460 DELEGATES DR. Ste 103  
Address

ORLANDO FL 32837  
City State and Zip Code

barb.hogan@m3dvr.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BARBARA W. HOGAN at 321 663-2223  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee    ☐ \$30.00 Filing Fee & Certificate of Status    ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$60.00 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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

M30 Hardware LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2023 JUL 11 AM 10:34

The Articles of Organization for this Limited Liability Company were filed on 1/29/2021 and assigned

Florida document number L21000054053

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Robert Oglesby

New Registered Office Address:

9460 Delegates Dr Ste 103  
Enter Florida street address

Orlando, Florida 32837  
City Zip Code

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.

[Signature]  
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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Matthew Hagan	9460 DELEGATES DR	<input type="checkbox"/> Add
		Ste 103	<input type="checkbox"/> Remove
		Orlando FL 32837	<input checked="" type="checkbox"/> Change
AMBR	Michael Hagan	9460 DELEGATES DR	<input type="checkbox"/> Add
		Ste 103	<input type="checkbox"/> Remove
		Orlando FL 32837	<input checked="" type="checkbox"/> Change
AMBR	Barbara Hagan	9460 DELEGATES DR	<input type="checkbox"/> Add
		Ste 103	<input type="checkbox"/> Remove
		Orlando FL 32837	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

A hand-drawn graph on lined paper. The horizontal axis is labeled 'Time' and the vertical axis is labeled 'Distance'. A straight line is drawn starting from the origin (0,0) and extending diagonally upwards to the right, representing a constant positive slope.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 July 6<sup>th</sup> 2023.

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Barbara W. Hogan  
Typed or printed name

Typed or printed name of signee

**Filing Fee: \$25.00**