L210000063790

(Requestor's Name)
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COVER LETTER

	egistration Se ivision of Cor			
eun irea		estments LLC		
SUBJECT	:	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	m all correspo	ondence concerning this matter	to the following:	
		Michael Flynn		
			Name of Person	
		Halden Investments LLC		
			Firm/Company	
		19 S Orange Ave		
			Address	
		Orlando, FL 32801		
			City/State and Zip Code	
		mflynn922@aol.com	to be used for future annual report no	otification)
For further	information c	concerning this matter, please co		onneadon)
		oncerning mis maner, preuse es	315 440-1936	
Michael Fl		CD.	at ()	ime Telephone Number
	Name o	f Person	Area Code Days:	ime Telephone Number
Enclosed is	s a check for t	he following amount:		
≘ \$25.00) Filing Fee	S30.00 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)
	lailing Addres		Street Address: Registration S	Section
		Corporations	Division of C	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Halden Investments LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
he Articles of Organization for this Limited Liability Compa lorida document number <u>L21000063790</u> .	any were filed on February 05, 2021	and assigned
this amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET <u>AD</u> DRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
with the state of		
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	ce address on our records, <u>enter the nam</u>	e of the new regist
Name of New Registered Agent:		
New Registered Office Address:		211
	Enter Florida street address	j
	Florida	<u>_</u>
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:	

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>	<u>Address</u>	Type of Action
MGR	Michael Flynn	415 E Pine St apt 1713 Orlando, FL 32801	= Add
			□Remove
			□Change
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necessary 1	Dank a	Lound fo	~ My	hu si	<u>165.</u>
I Simp	ly need	mysel8	made	the	MLR
of the	LLC.				
Thank (you in	advance	,		
Regards, Michael Michael	Fy.n				
ctive date, if other than effective date is listed, the date if the date inserted in thi iment's effective date on the	the date of thing: must be specific and cannot s block does not meet the	ne applicable statutory	g or more than 90 d filing requireme	_ (optional) ays after filing.) Pu nts, this date wil	rsuant to 605.02 I not be listed
ord specifies a delayed effe filed.	ctive date, but not an ef	fective time, at 12:01	a.m. on the earlic	er of: (b) The 9	0th day after th
March 26	1/2	2021 er or authorized represen			

Filing Fee: \$25.00