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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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QS 513121

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: +14+	A CUSTOM C	ar Pentry, 61	<u></u>
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
		Name of Person  M. Ca. Person  Firm/Company	-,LLC
	14080 Roof	2 Street Address	
		City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code	ication)
For further information co	incerning this matter, please or		,
Haley	Person	at (239) 333 Area Code Daytime	5-5591 e Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		0	

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

H+H Custom (Name of the Limit	ted Liability Company as it now appears on out (A Florida Limited Liability Company)	ır records.)	
The Articles of Organization for this Limited L. Florida document number \( \bigcup_{\infty} \) \( \bigcup_{\infty} \)	iability Company were filed on $\frac{\sqrt{2}}{\sqrt{6}}$	24/20	A and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liability company here:		
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation	ion "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		<del></del>
(Principal office address MUST BE A STREE	T ADDRESS)		DZIFEB 26
Enter new mailing address, if applicable:			- 17 m
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		SET STATES
B. If amending the registered agent and/or ragent and/or the new registered office address		s, enter the nar	ne of the new registered
Name of New Registered Agent:	Haley & Fou	<u>x</u> +	
New Registered Office Address:	14080 Roof St Enter Florida stre	ret address	
	Fort Myers	, Florida	3390 S 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.

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 **Type of Action** <u>Address</u> Title Name 33905 4080 ROOF ST FOR MYETS FL DAGO K)Change MGR 14080 Recof St Fortmyers, FL 37105 Grade Hayden fout ☐Remove \_\_\_\_ Change \_\_ \_ 🗀 Add □Remove \_\_\_ Change □Add □Remove \_\_\_\_\_ □Remove Change 

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Note: If the	e, if other than the date of filing the is listed, the date must be specific and ate inserted in this block does not make fective date on the Department of St	eet the applicable stat	filing or more than 90 de utory filing requirement	(optional) ys after filing.) Pursuant to 605 nts, this date will not be list	5.0207 ed as
	ies a delayed effective date, but not	an effective time, at 1	2:01 a.m. on the earlie	r of: (b) The 90th day afte	er the
ord is filed.					

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