

L21 000153344

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21 JUN 11 PM 1:39

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Halcyon Finance 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:

Antonia Ard

Name of Person

Ard Dynasty LLC

Firm/Company

5900 Bissonnet st, apt 1519

Address

Houston, TX 77081

City/State and Zip Code

info@arddynasty.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Antonia Ard

832 209-0495

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

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☐ \$60.00 Filing Fee,
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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**

21 JUN 11 PM 1:39

Halcyon Finance LLC

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

The Articles of Organization for this Limited Liability Company were filed on 04.02.2021 and assigned
Florida document number L21000153344.

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:

Daniel Echeverry

New Registered Office Address:

413 15th Street , apt 4

Enter Florida street address

West Palm Beach

City

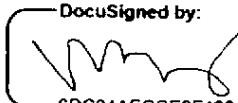
, Florida 33401

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.

DocuSigned by:



6DC04AECCE8F400

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Plantmed Connoisseur LLC	413 15th st apt 4	<input checked="" type="checkbox"/> Add
		West Palm Beach , FL 33401	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Bellamy Black Productions LLC	1518 manley rd apt A29,	<input checked="" type="checkbox"/> Add
		west chester , Chester , PA	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ard Dynasty LLC	5900 Bissonnet St, apt 1519	<input checked="" type="checkbox"/> Add
		Houston, TX 77081	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Artevolved LLC	11140 Rockvillc Pike Ste 100	<input checked="" type="checkbox"/> Add
		Rockville, MD 20852	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Multiversal LLC	2150 West 117th St, #1060	<input checked="" type="checkbox"/> Add
		Cleveland, Ohio 44111	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ **(optional)**

(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 June 4, 2021



Signature of a member or authorized representative of a member

Antonia ARD

Typed or printed name of signee

Certificate Of Completion

Envelope Id: F55FED5B1E1A493E9574FF28C11B513D
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 5900 bissonnet, apt 1519
 Houston, TX 77081
 info@arddynasty.com
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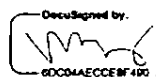
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 info@arddynasty.com

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Signer Events

 Daniel Echeverry
 dee@disciplined1.com
 Security Level: Email, Account Authentication
 (None)

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Timestamp

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Status

Timestamps

Envelope Sent Hashed/Encrypted
 Certified Delivered Security Checked
 Signing Complete Security Checked
 Completed Security Checked

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Payment Events

Status

Timestamps

Electronic Record and Signature Disclosure

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