LZI 000173894

(Requestor's Name)
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COVER LETTER

	stration Sec sion of Corp			
	Katrina Red	den LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		KATRINA REDDEN		
			Name of Person	
		HUSTLE STONE HOLD	INGS, LLC	
			Firm/Company	
		1650 se hargrave st apt 21	02	
			Address	
		Arcadia Fl 34266		
			City/State and Zip Code	
		hustlestoneholdings@gmail		
		E-mail address: (to be used for future annual report noti	fication)
For further int	formation co	ncerning this matter, please or	all:	
Katrina Redd	en		561 9325833 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 Fi	ling 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 tadditional copy is enclosed)
Reg	ing Address istration Sision of Co		<u>Street Address:</u> Registration Sed Division of Cor	
	. Box 6327		The Centre of T	allahassee
ran	ahassee, F	しつ2014	Z415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Katrina Redden, LLC

2022 MAR 21 PM 3:50

(Name of the Limited Liability Compa (A Florida Limited I	TALLAHASSEE, FL	
The Articles of Organization for this Limited Liability Company	were filed on 4/14/2021 and assigned	
Florida document number 1.21000173894		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
HUSTLE STONE HOLDINGS, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "LLC."	
Enter new principal offices address, if applicable:	5725 Corporate Way Suite 206 PMB 4059	
(Principal office address MUST BE A STREET ADDRESS)	West Palm Beach FL., 33407	
Enter new mailing address, if applicable:	1650 se hargrave st apt 2102	
Mailing address MAY BE A POST OFFICE BOX)	Arcadia FL., 34266	
Printing maness Print Delition of the Down		
B. If amending the registered agent and/or registered office : agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the name of the new regist</u>	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
Non-Deliver LA Company Company of American Deliver LA Company	·	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	ee to act in this capacity. I further agree to comply with performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is	

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>	Address	Type of Action
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			Remove
			☐ Change
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ed March 16 ed Organitate of a member or authorized representative of a member	<u>te:</u> If the date inserted in this blo	ck does not meet the app	olicable statutory filing re-	(optional) han 90 days after filing.) Pursuant quirements, this date will not	to 605.020° be listed as
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Filing Fee: \$25.00