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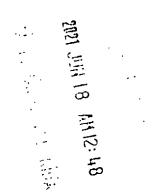
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06/19 21-61020-608 **25.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Hard Rock Destiny 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:	
Robin Tackson Name of Person	
Firm/Company	
1400 Alcazar Way South	
St Petersburg FL 33705 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Pobin Jack Son at (727) 563-4258 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S55.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section Registration Section Division of Corporations	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Hard Back Dostin	V116
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.)
•	05/10/1
The Articles of Organization for this Limited Liability Company were f	iled on and assigned
Florida document number <u>L2100021661</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	ompany here:
	2021
The new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the abbreviality "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	12:1
	# 8
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office addres agent and/or the new registered office address here:	s on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
Cit	
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to a	ect in this capacity. I further agree to comply with the mance of my duties, and I am familiar with and

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 adde or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Russell Jackson	1400 Alcazar Way S.	\ <u>X</u> \\dd
		1400 Alcazar Way S. St Peter Shung FL 3370	DS □Remove
			□Change
			□Add
			□Remove
			□Change
			202 DAdd .
		· · · · · · · · · · · · · · · · · · ·	— ®Remove
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			□Remove
			□ Change
			□Add
			□Remove
			🗆 Change
			🗆 Add
			□Remove
			□Change

	Son as an
authorized member so t	hat we have
equal Shareholding. Th	rankyou
	1
	202
	· 2
	<u> </u>
ive date, if other than the date of filing: fective date is listed, the date must be specific and cannot be prior to date of fill If the date inserted in this block does not meet the applicable statutoment's effective date on the Department of State's records.	(optional) ing or more than 90 days after filing.) Pursuant to 605 ry filing requirements, this date will not be liste
d specifies a delayed effective date, but not an effective time, at 12:0 led.	l a.m. on the earlier of; (b) The 90th day after
June 14th ,2021.	
Signature of a member or authorized repress	ensative of a member