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2022 JUL 19 PH 2: 57

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S. PRATHER

COVER LETTER

	istration So sion of Cor				
SUBJECT:	4	Alltrades FI Name of Lim	ited Liability Company		•
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Chad	Ergler Name of Person		
		4 Alltra	des Fl UC Firm/Company	<u> </u>	
		1221 5/2	Address	-	
		Holiday	FL 341091 City/State and Zip Code 2 alltrade 9.	<u>.</u>	
		li-mail address:	Calltrade (). To be used for future annual re	port notification)	
For further in	formation c	oncerning this matter, please ca	all:		
Ch	ad E	Person)	365 at (<u>131</u>) Area Code	780-440 Daytime Telephon	O <i>Lo</i> c Number
Enclosed is a	check for th	ne following amount:			
□ \$25.00 Fi	lling Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) (660.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

- 1 Hiltrades 1	TL UC		~ _
(Name of the Limited (A	Liability Company as it now appears of Florida Limited Liability Company)	n our records.)	022 ĀLI
The Articles of Organization for this Limited Liab	bility Company were filed on	7 7 2021	Julid assigned 9 PH 2: 5
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company here	:	57 50 7
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the desig	gnation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicab	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B)	OX)		
B. If amending the registered agent and/or reg agent and/or the new registered office address		ords, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:		street address	
		, Florida	
	City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

1110 11

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 Title Name <u>Address</u> Type of Action Coo Nichole Coates 1221 Stover Ct. Holiday FL, 341091 _____ □Add ____ Change _____ □Remove Remove

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 605.0 ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed becument's effective date on the Department of State's records. The 90th day after is filed. Signature of a member or authorized representative of a member Signature of a member or authorized representative of a member							
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