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COVER LETTER

Division of Corporations FERUZA LLC SUBJECT: _____ 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: **GULOMJON TURAEV** Name of Person Firm/Company 1819 Crosswell Ct Address ORLANDO City/State and Zip Code TURAEV.TORA@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: GULOMJON TURAEV 352 484-6443 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: 量 \$25,00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55,00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:**

Registration Section

TO:

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

FERUZALLC

company has been notified in writing of this change.

(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
HARDWARE & TOOLZ LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	1317 EDGEWATER DR #4842	
The span squee data to the transition of the state of the span square state of the	ORLANDO, FL 32837	
Enter new mailing address, if applicable:	1317 EDGEWATER DR #4842	
• • • • • • • • • • • • • • • • • • • •	ORLANDO, FL 32837	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:		e of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
	Florida	Zip.Code
New Registered Agent's Signature, if changing Registered Agent:		一当世
hereby accept the appointment as registered agent and agre	ee to get in this capacity. I further on	ree to Founds with the

If Changing Registered Agent, Signature of New Registered Agent

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

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
			□Add
			Change
		·	
			□Remove
			□Change
			□ Add
			☐ Change
			□Add
			Пенюve
			Change
			□Add
			□Remove
			□Change
			□Add
		<u> </u>	□Remove
			□Change

Page 2 of 3

Effective date, if other than the date of filing: [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 605.02074 Mote; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t document's effective date on the Department of State's records. The 90th day after the record is filed. Dated October 26 . 2021 Signature of a member or authorized representative of a member.		
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