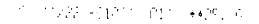
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A. BUTLER JAN 25 2022

COVER LETTER

TO:	Registration Se Division of Cor					
	HUSTLEPRENEUR LLC					
SUBJECT: Name of Limited Liability Company						
The er	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		ALEJANDRO JUANTOR	ENA			
			Name of Person			
		5250 NW 84TH AVE APT	Firm/Company			
		MIAMLEL 33166	Address			
		ALFJANDROJUANTORE	City/State and Zip Code NA2@GMAIL.COM			
		E-mail address: (to be used for future annual report not	ification)		
	rther information c ANDRO JUANTO	oncerning this matter, please c	all: 786 9250269			
	Name o	f Person	at ()	ie Telephone Number		
Enclos	sed is a check for the	he following amount:				
1 52	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)		
	Mailing Addres	ss:	Street Address:			

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

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

HUSTLEPRENEUR LLC		. 6
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on or rida Limited Liability Company)	ur records.)
he Articles of Organization for this Limited Liability lorida document number $\frac{L21000328722}{L21000328722}$	y Company were filed on	and assigned
nis amendment is submitted to amend the following	:	
. If amending name, <u>enter the new name of the li</u> O HARDER LLC	imited liability company here:	
ne new name must be distinguishable and contain the words "l	Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable: Principal office address MUST BE A STREET AD	<u>DRESS)</u>	
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>		
. If amending the registered agent and/or registe		s, enter the name of the new regis
gent and/or the new registered office address here	<u>e</u> :	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	not subdivine
	EART COMA SO	
-	City	, Florida 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.

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
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			Remove
			Change
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ffective date if other than th	e date of filin	σ•		fanti	onal)	
ffective date, if other than the an effective date is listed, the date in fote: If the date inserted in this becoment's effective date on the listens.	block does not i	meet the applica	o date of filing or m ble statutory filin	ore than 90 days after g requirements, thi	filing.) Pursuant to 605 s date will not be list	0207 ed as
record specifies a delayed effect Lis filed,	ive date, but no	t an effective tir	ne, at 12:01 a.m. (on the earlier of: (t	o) The 90th day afte	r the
JANUARY 3		2022				
ated	1	•	_· ·			
//	-67-17					

Typed or printed name of signee