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COVER LETTER

TO: Registration Sec Division of Corp		
SUBJECT:	Hardy Ent	erprises
	Name of Linu	icu manny Company
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.
Please return all correspon	idence concerning this matter	to the following:
		Hardy Name of Person
	U Hardy	Enterprises LLC Firm/Company
	9803 Creckf	ront Rd Apt 1606
	<u>Jacksonvi</u>	lle, FL 3225 6 City/State and Zip Code hardyenterprises. Org to be used for future annual report notification)
	Uhardy 6 J. E-mail address: (1	hardyenterprises.org
For further information co	ncerning this matter, please ca	
Valisa H	ardy Person	at (904) 862-3265
Enclosed is a check for the		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, ○ Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, ○ Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		Street Address: Registration Section
Division of Co		Division of Corporations
P.O. Box 632		The Centre of Tallahassee
Tallahassee, F	L 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J Hardy Er	Herpris	res LLC ny as it now appears on our Liability Company)	r records.)	
The Articles of Organization for this Limited Liab Florida document number <u>L21003415</u>	oility Company	1	8/2021	and assigned
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	he limited liab	ility company here:		
The new name must be distinguishable and contain the word	ds "Limited Liabi	lity Company," the designation	on "LLC" or the abb	reviation "L.L,C."
Enter new principal offices address, if applicable of the control	ole:	_	Baymea —	dows Rd
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>	9838 Old 1 # 235 Jacksonvi	,	225 6
B. If amending the registered agent and/or reg agent and/or the new registered office address	istered office : <u>here</u> :	address on our records	, <u>enter the name</u>	of the new registered
Name of New Registered Agent:				
New Registered Office Address:	98380	ld Baymead	ows Rd	# 235 -
	Jacks	sorville Con	Florida <u> </u>	225 5 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.

1 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>	Name	Address	Type of Action
	Not Applicable		□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			☐ Change
			☐ ☐ Ghange ☐ ☐ Add ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
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Filing Fee: \$25.00