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	(Requestor's Name)	
	(Address)	
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	(City/State/Zip/Phone #)	
PICK-U	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
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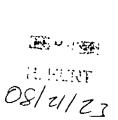




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COVER LETTER

Division of Cor			
SUBJECT: H	arp Payroll Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	<u>Jennifer</u>	Knudson Name of Person	
	Accounting	g by the Bay	
	2208 W H	ighway 390	
	Lyon Haver	7, FU 334404 City/State and Zip Code	****
		ting by the bay. Con to be used for future annual seport not	fication)
For further information ed	meerning this matter, please c	all:	
Jennifer 4	inudson Person	at (<u>850</u>) <u>704-</u> C	7501 ne Telephone Number
Enclosed is a check for th	e following amount:		
≯ \$25.00 Filing Fee	LI \$30.00 Filing Fee & Certificate of Status	LI \$55.00 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 Division of C	Section	Street Address: Registration Se Division of Co	
P.O. Box 632 Tallahassee, f	7	The Centre of	
rananasee, i	12 2421T	4712 N. MUHU	re articell attitle OTO

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited I.	autol Liabilità Company ay i londa Limited Liabilit	t now appears on our	records.)		
The Articles of Organization for this Limited Liabil Florida document number	ity Company were	filed on $\frac{7}{6}$	18/00/1	and assigned	i
This amendment is submitted to amend the following	านี:				
A. If amending name, enter the new name of the Halo InduStries The new name must be distinguishable and contain the words	LLC		on "LLC" or the abbrev	iation "L.L.C."	
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A				2023 AUG	1-Vi303
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>			J6 21 PM 12: 4	Figure Court of Style
B. If amending the registered agent and/or regis agent and/or the new registered office address be		ss on our records,	enter the name of	the new reg	: istered
Name of New Registered Agent:	Jennifer	Knudson	<u> </u>		
New Registered Office Address:	<u>2208 W</u>	Highwa EnterFlorida stree	y 390	· . · - · · · · · · · · · · · · · · · ·	
_	Lynn Ho	wen	_, Florida <u>3</u> 2	444 Zip Corde	

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.

11 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
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ecord specifies a delayed effective d	ate, but not an effectiv	e time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
is filed.				
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Filing Fee: \$25.00