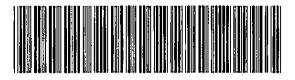
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(R	equestor's Name)
(A	ddress)
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(C	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(B	susiness Entity Name)
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Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
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COVER LETTER

ΓΟ: Registration Sec Division of Corp				
Trawler HSI				
SUBJECT:	Name of Line	ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Joseph Milanese			
		Name of Person		
	Trawler Capital Manageme	ent LLC		
	 	Firm/Company		
	1044 Northern Blvd., Suite	: 100		
		Address	··	
	Roslyn, NY 11579			
		City/State and Zip Code		
	jmilanese@trawlercap.com			
	E-mail address: ()	to be used for future annual re	eport notification)	
For further information co	ncerning this matter, please co	all:		
Joseph Milanese			-7947	
Name of	Person	at () Area Code	Daytime Telepho	ne Number
Enclosed is a check for the	- following amount			
	_	☐ \$55.00 Filing Fee &	=	\$60.00 Filing Fee,
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclo		Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	<u>:</u>	Street Ado	dress:	

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

TO:

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

Trawler HSHQ LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000350158</u>	were filed on August 3, 2021 and a	ssigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation	L.L.C."
Enter new principal offices address, if applicable:	9187 SF Star Island Way	.
(Principal office address MUST BE A STREET ADDRESS)	Hobe Sound, FL 33455	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9187 SE Star Island Way Hobe Sound, FL 33455	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the r</u>	iew regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zip Coo	le

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	
AMRR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□Remove
			□Change
			DAdd
			□Remove
			Change
			\ _Add
			□Remove
			□Change
			□Remove
			□ Change

ffective date, if other than the date of filing:		
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 605.0207 lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ocument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the distilled. October 7 2021 Signature of a member or authorized representative of a member		
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