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## **COVER LETTER**

TO:

Registration Section Division of Corporations

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

Halie Robe			
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Gary W. Peal		
	<del></del>	Name of Person	
	Berlin Patten Ebling PLLC		
		Firm/Company	<del></del>
	3700 South Tamiami Trail	Suite 200	
		Address	_
	Sarasota, FL 34239		
		City/State and Zip Code	_
	gpeal@berlinpatten.com	to be used for future annual report notification)	
For further information c	oncerning this matter, please co		
Jary W. Peal		941 954-9991 at ()	
Name o	f Person	at ()	er
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certific	Filing Fee, rate of Status & rd Copy al copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Section	

**Division of Corporations** 

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Halie Roberson LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 8/19/2021	and assigned
Florida document number L21000373686		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Halie Monde LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202
(Principal office address MUST BE A STREET ADDRESS)		7
		<u>Σ</u> <u>Σ</u> <u>Ξ</u> <u>Σ</u>
		RESERVED IN
Enter new mailing address, if applicable:		
(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:	address on our records, <u>enter the</u>	e name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office ( March).	Enter Florida street address	
	, Flori	da
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agre	ee to act in this capacity. I furth	er agree to comply with to
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as <i>p</i>	performance of my duties, and	Lam familiar with and

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 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
MGR	Halie Monde	1549 Ringling Boulevard	<b>≡</b> Add
		Sarasota, F1, 34236	□Remove
			□Change
MGR	Halie Roberson	1549 Ringling Boulevard	□Add
		Sarasota, FL 34236	■Remove
			□Change
	+		□Add
			□Remove
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Effective date, if other than the office tive date is listed, the date may be note: If the date inserted in this bedocument's effective date on the I	ist be specific and o lock does not me	cannot be prior to eet the applica	o date of filing or i ble statutory fili	nore than 90 days	ptional) after filing.) Pursuant this date will not	to 605.0207 ( be listed as t
e record specifies a delayed effecti rd is filed.	ve date, but not a	an effective tin	ne, at 12:01 a.m.	on the earlier of	: (b) The 90th da	y after the
Dated		2023	•			
X	ili n	Mon	de			

Typed or printed name of signee