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Division of Corporations

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Account Number : I20180000086
Phone : (916)576-700

Phone : (916)576-7000

Fax Number : (800)603-5868

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Email Address: RLOPS@PARASEC.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGNS HASHTAG THRIFT LLC

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Certificate of Status	0
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At

To: 18506176381 From: 19165767036 Date: 10/19/21 Time: 1:01 PM Page: 03/05

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hashtag Thrift LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) .iability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document numberL21000407314	were filed on9/14/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	171750 N. Bay Rd Apt 2114	
(Principal office address MUST BE A STREET ADDRESS)	Sunny Isles, FL 33160	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	171750 N. Bay Rd Apt 2114  Sunny Isles, FL 33160	223
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter the na</u>	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	14: 24 ORIEA
	, Florida _	
	City	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 Changing Registered Agent, Signature of New Registered Agent	_
The property of the property o	

To: 18506176381 From: 19165767036 Date: 10/19/21 Time: 1:01 PM Page: 04/05

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
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