121000458406

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DATE: 12/9/21

NAME: HAK ECOM LLC

TYPE OF FILING: AMENDMENT

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE a Hodge

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Linbli	ity Company as it now appears on our records.) la Limited Liability Company)			
(A Florid	ia Limited Clability Company)			
The Articles of Organization for this Limited Liability (Company were filed on October 21, 2021	an	ıd assig	gned
Florida document number L21000458406				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability company here:			
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the al	obreviati	on "L.L.	.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			200	
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			(3)	क्ट्यान्य • (
B. If amending the registered agent and/or registere	d office address on our records, enter the nam	e of th	e n 'ey v	
agent and/or the new registered office address here:			=	[.1.3
		inio —	æ	
Name of New Registered Agent:			-51	
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	City	Zip (ode	

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

H 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	CHRIS MURPHY	8270 WOODLAND CENTER BLVD, TAMPA, FL 3361	4 ≡ Add
			□Remove
			DChange
			□Add
			_ □Remove
			🗆 Change
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If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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-	
Note: If	e date, if other than the date of filing:
e record : rd is filed	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 l.
Dated _	December 8 , 2021 .
	7/ 7 -
	Signature of a member or authorized representative of a member
	Lionel P. Bochurberg, Authorized Representative of a Member
	Typed or printed name of signee

Filing Fee: \$25.00