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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations				
Hyde & See	k Traders LLC	•			
SUBJECT:	/ Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Craig Hyde				
		Name of Person			
	Hyde & Seek Traders LLC				
		Firm/Company	 		
	4935 Pelican St				
		Address			
	Coconut Creek, FL 33073			2022 I	436.II
	craigiehyde@gmail.com	City/State and Zip Code		2022 AUG 11 AM 8: 3 SECRETARY OF STATE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	E-mail address: (to be used for future annual report notif	ication)	7.55 7.03 7.03 7.03 7.03	
For further information c	oncerning this matter, please ca	all:		E S	8.
Craig Hyde		561 350-2697		프롬 3	
Name o	f Person	at () Area Code Daytime	e Telephone Number	•	
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
Mailing Addres Registration S		Street Address: Registration Sec	ction		
Division of C		Division of Cor			
P.O. Box 632	•	The Centre of T	allahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hyde & Seek Traders LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number _____L21000475190 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 4935 Pelican St Enter new mailing address, if applicable: Coconut Creek (Mailing address MAY BE A POST OFFICE BOX) FL 33073 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida

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.

City

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
AMBR	Alice Kean	4935 Pelican St, Coconut Creek, FL 33073	© ∕Add
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Tective date, if other than the neffective date is listed, the date muster. If the date inserted in this becument's effective date on the E	e date of filing: st be specific and cannot be prior to da lock does not meet the applicable Department of State's records.	te of filing or more than 90 day	(optional) s after filing.) Pursue ts, this date will no	 unt to 605,020
record specifies a delayed effective is filed.	ve date, but not an effective time,	at 12:01 a.m. on the earlier	of: (b) The 90th	day after th
August 8	2022			
ated				