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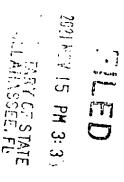
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COVER LETTER

Division of Co			
SUBJECT:	A. Hamilton Name of Lin	The Company	<u>.</u>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Joy	D. Smith Name of Person	
	A. Han	nitton Holdings	LLC
	3166	untar harl Address	
	Tall	City/State and Zip Code SMITH DTQ) GM.	331/
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please ca	all:	
Name o	Smith of Person	at (\$\sigma\$\sigma\$) \rightarrow \delta\$ Area Code Daytime	-9009 e Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address:
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

	ton Holdings,	LLC
(Name of the Limited Liabil) (A Florid	ity Company as it now appears (la Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability (Company were filed on	$\sqrt{2}$ / $\sqrt{2}$ 20 $\sqrt{2}$ and assigned
Florida document number <u>L</u> <u>2100047753</u>	35	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here	:
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	d office address on our reco	rds, enter the name of the new registere
egent and/or the new registered office address here:		The state of the s
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
		, 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 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 Title **Name** Address Type of Action Joy S. Smith 3166 Suntar Lane Stadd

Tallahasser Fr 323/1 DRemove AMBR □ Change MGR Joy D Smith 3166 Suntas Lane XAdd Tallahasser Fr 32311 | | Remove _____ Change —----------- □Add ______ □Add

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ecord :	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after I.	the
ited	Nov 12 , 2021.	
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
	/ Julian Copies and Marine	