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Registration Section

TO:

Division of Corporations			
SUBJECT:	Haines t	Hardware, LLC.	
	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:	
		Jessica Halle Name of Person	gren Kendrick
	Ker	ndrick Law Group	
		Firm/Company	
	<u>(30</u>	N. Wymore Rd. S	Stc 370
	MC	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		Si'CG & Kendrick to be used for future annual report notif	
For further information e	oncerning this matter, please ca	all:	
Jes Name o	SICA Kendrick FPerson	at (<u>407</u>) <u>641-5</u> Area Code Daytime	847 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)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section	Street Address: Registration Sec	
Division of C P.O. Box 632	7	Division of Cor The Centre of T	allahassee
Tallahassee, I	FL 32314	2415 N. Monroe	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

SECRETARY OF S SECRETARY OF S SECRETARY OF S OF Haines Hardware, LLC.

(A Florid	la Limited Liability Company)		227
The Articles of Organization for this Limited Liability C Florida document number <u>L 21600494686</u>		11 17 2021 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim Haines Prope The new name must be distinguishable and contain the words "Lin		ert , LLC. nation "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		<u>-</u>
Enter new mailing address, if applicable:			_
(Mailing address MAY BE A POST OFFICE BOX)			_
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our recor	rds, <u>enter the name of the new regi</u> s	stered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida s	street address	
	City	Florida Zip Code	_
Non-Danistanad Assarta Circustores (Cabarratica Danistana)			

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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n effectiv <u>te:</u> If tl	date, if other than the date of filing:
ecord sp s filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed	February 10 . 2022.
	Signature of a member or authorized representative of a member
	ar ar itterior in the control of the
	Jessica Hallgren lendrick Typed or printed tame of signee