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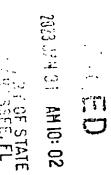
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Special Instructions to F	iling Officer:	

Office Use Only



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R. HUNT 01/31/23

COVER LETTER

TO: Registration Section Division of Corpo				
SUBJECT: HAK	<u> </u>	nited Liability Company		
	mendment and fee(s) are sublence concerning this matter Heiri Ro	to the following: OBERTSON Name of Person	ALLAHASSEE FL	2023 LAN 31 AM 10: 03
	8537 Co.	Firm/Company Firm/Company Address Address City/State and Zip Code Cobertion @ G (to be used for future annual report in		
For further information con	cerning this matter, please c			
HEIDI ROB Name of P	ERT50N)	at (<u>720</u>) <u>917</u> - Area Code Day	- 5635 time Telephone Number	—
Enclosed is a check for the	following amount:			
□ \$25.00 Filing Fee	S \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filin Certificate Certified Co (additional co	of Status &
Muiling Address		Street Address		

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

uc

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on Feb 07, 2022 and assigned	
Florida document number <u>L220001621316</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
BRAID NUESTMENTS The new name must be distinguishable and contain the words "Limited Liabil	uc	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	2111 TRIPOLI CT	
(Principal office address MUST BE A STREET ADDRESS)	KISSIMMEE FL	
	34747	
	22a	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	S C A	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:		ec
agent and/of the new registered office address nere.	ر 03 14 م	
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	S. El. H H	
	Enter Florida street address	
	. Florida	
	City Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

HARZARD 9032

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

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>	Name	Address	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)