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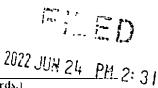
COVER LETTER

TO:

Registration Section

Division of Cor	porations		
Hat Trick F	foldings, LLC	,	•
SUBJECT:	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:	
	Michael Strong		
	٠	Name of Person	
	Hat Trick Holdings		
		Firm Company	
	4669 Swilcan Bridge Lane	South	
	•	Address	
	Jacksonville, Florida 3222	4	
		City/State and Zip Code	
	mstrongjax1@gmail.com		
		to be used for future annual report noti	(Reation)
For further information c	oncerning this matter, please c	8H:	
Michael Strong		904 228 - 733. ut ()	
Name o	t Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a check for t	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 Address Registration S Division of C P.O. Box 632	Section forporations	Street Address: Registration Se Division of Cot The Centre of T	rporations
Tallahassee, l	FL 32314	2415 N. Monro Tallahassee, FL	e Street. Suite 810 232303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Hat Trick Holdings, LLC

(Name of the Limited Liability Company as it now appears on our records.).
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liabili	ity Company were filed on _	02/07/2022	and assigned
Florida document numberL22000064270	·		
This amendment is submitted to amend the following	g:		
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 "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	-	
(Principal office address MUST BE A STREET AI	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON	•		
B. If amending the registered agent and/or regist agent and/or the new registered office address he		records. ente	r the name of the new register
Name of New Registered Agent:			
New Registered Office Address:	- 10		
	Enter Fi	orida street addr	ess
_		, ŀ	lorida
	Circ		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

<u>Title</u>	Name	Address	Type of Action
MGR	J. Paul Meuke	11429 Portside Drive	_ = Add
		Jacksonville Florida 32225	□Remove
			□ Change
			□Add
			∐Remove
			Change
			□Remove
			□Change
			_Add
			□Remove
			_Change
			_ Add
			□Remove
		_	_lChange
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			□ Remove
			= Change

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ective date, if other than the one effective date is listed, the date must	be specific and cannot be pri-		more than 90 days after	
te: If the date inserted in this bloc cument's effective date on the Dep			ing requirements, th	is date will not be listed a
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ecord specifies a delayed effective is filed.	date, but not an effective	ume, at 12,01 a.n	i, on the earner of: (o) The soul day after the
June 6th	2022			
ted	<u> </u>	 ~		
\	1/10/1	-		
I fund hap	ignature of a member r aut	horized representati	ve of a member	-