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COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT: Haze	1 Eves Ince	Ament Grap	uc
	Name of Limit	ed Liability Company	
The enclosed Articles of Art	nendment and fee(s) are subm	nitted for filing.	
Please return all correspond	ence concerning this matter t	o the following:	
	57 V	ole A. Bride Name of Person	jes
	Haz	el Eyes Inve	etmena Group
		Limb/Combany	
	3255 5	3. John Yang Pk	wy
		Address	
	Visa:	C/ 3474	<i>t</i> 6
		City/State and Zip Code	
		estments 101@ g	
	E-mail address: (to	o be used for future annual rep	ort notification)
For further information con	cerning this matter, please ca	II:	
Nicde A.	Bridges	at (717-390-6124
Name of P	erson		Daytime Telephone Number
Enclosed is a check for the	following amount:		
CB \$25.00 Filing Fee	\$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
	R Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclose	cd) Certified Copy (additional copy is enclosed)
Mailing Address:	at: a.u.	Street Addı	
Registration Se Division of Cor		-	on Section of Corporations
P.O. Box 6327	ιροιαμοπο		e of Tallanasse.
Tallahassee. FI	J 32314		Monroe Street. Suite 814

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hazel Eyes	Threst h	s it now appears on ou	r records.)	
The Articles of Organization for this Limited Liabi	ility Company we	• •	22/2022	_ and assigned
This amendment is submitted to amend the followi	ing:			
A. If amending name, enter the new name of th	e limited liability	y company here:		
The new name must be distinguishable and contain the words Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	le: _	Company," the designation	on "LLC" or the abbre	viation "L.L.C."
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BO</u>	 			
B. If amending the registered agent and/or regis agent and/or the new registered office address h		ress on our records	s, enter the name o	of the new registered
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida stree	et address	
-		Z	, Florida	Zip Code
		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

<u> Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Charles Bridges III	3255 S. John Young Play Kissimmer FL 34746	Add
		Kissimmer FL 34746	□Remove
			DChange
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an effectiv lote: If the ocument's record sp I is filed.	pecifies a delaye		ite, but not a	2024	ne, at 12:01 a.m.	on the earlier of	of: (b) The 90th	day after the
an effective lote: If the ocument's record sp. I is filed.	ecifies a delaye	22_		<u>2024</u> 2. 0 0 0	ie, at 12:01 a.m.			day after the