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.....THEWS

JUN 16 2022

## **COVER LETTER**

TO:

Registration Section

Division of Cor	rporations		
Hat Homes	LLC		
SUBJECT:	Name of Lin	nited Liability Company	········
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Howard Freidin		
	<del></del>	Name of Person	
	Freidin & Inglis PA		
		Firm/Company	
	2245 Mcgregor Blvd		
		Address	
	Fort Myers FL 33901		
		City/State and Zip Code	
	howard@filegal.com		
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Howard Freidin		239 337-1918	
Name of Person			ne Telephone Number
Enclosed is a check for the	e following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Se Division of Cor The Centre of T	porations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF SECRETARY OF STATE OLIVISION OF CORPORATIONS

Hat Homes LLC

company has been notified in writing of this change.

22 APR 25 AM 11: 54

(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 Liability Company	y were filed on $\frac{03/08}{}$	3/2022	and assigned
Florida document number L22000109876			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here	<b>:</b>	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the desi	gnation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			<del></del>
B. If amending the registered agent and/or registered office	address on our reco	ords, anter the name	of the many wagistam
agent and/or the new registered office address here:	address on but reco	ords, enter the name i	of the new register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	street address	
		, Florida	
			Zip Code
New Registered Agent's Signature, if changing Registered Agent:	-		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	performance of my	duties, and I am fan	illiar with and
accept the obligations of my position as registered agent as p	provided for in Cha	pter 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

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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Ash-Tessler, Heshla	2320 Victoria Ave	□Add
		Fort Myers FL 33901	■Remove
			Change
AMBR	Ash-Tessier, Heshla	2320 Victoria Ave	<b>=</b> Add
		Fort Myers Fl 33901	□Remove
			□Change
		<del></del>	□ Add
			□Remove
			□ Change
	<del></del>		□Add
			□Remove
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(If an eff <u>Note:</u>	ve date, if other than the date of filing:
f the recor	I specifies 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.
Dated	April 22 2022 ()
Dated	12/7/

Typed or printed name of signee