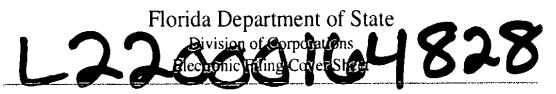
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HAT HOLDINGS, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAT HOLDINGS, LLC	A Liabilia. Campania in annual in an	on our monds)		
(Name of the Limit	ed Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Li	ability Company were filed on	04/06/2022	and assign	ned
lorida document number L22000164828	··			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liability company her	<u>re</u> :		
KJJACS Hat Holdings, LLC				
he new name must be distinguishable and contain the w	ords "Limited Liability Company," the de	signation "LLC" or the	abbreviation "L.L.C	
Enter new principal offices address, if applic	able:			
Principal office address MUST BE A STREE			022	
			A P	
			2	<u> </u>
2.4				
Enter new mailing address, if applicable:			= =	-
Mailing address MAY BE A POST OFFICE	<u> </u>	<u> </u>		'
	<u> </u>			
 If amending the registered agent and/or regent and/or the new registered office addressed. 		cords, <u>enter the na</u>	me of the new r	<u>egistere</u>
Name of New Registered Agent:	Corporate Creations Net	work Inc.	 	
New Registered Office Address:	801 US Highway 1			
New Registered Office Address.	Enter Flori			
	North Palm Beach	, Flo ri da _	33408	
	City		Zin 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.

Jenisa Irizarry, Special Secretary

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>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			Change
			Remove
			Change
			□Add
			Remove
			Change
			□ Add
			Remove
			☐ Change
			□Add
			□ Remove
			□Change
			□Add
			Remove

14154847068

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
(If an ci Note:	ive date, if other than the date of filing: [cotive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
the reco	rd 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 led.
Dated	April 21st 2022
	Signature of a member or authorized representative of a member
	Jenisa Irizarry Typed or printed name of signee