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To:

Division of Corporations

Fax Number : (850)617-6383

Prom:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

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

20 **Enter the email address for this business entity to be used for futureannual report mailings. Enter only one email address please.**

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HAZEL ENTERPRISES, LLC

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MAY -S 2022

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ŀ	LAZEL ENTERPRISES, LLC		
(Name of the Limited I	Jability Company as it now appears on or Florida Limited Liability Company)	ir records.)	
The Articles of Organization for this Limited Liabi	lity Company were filed on04/27/2	022 and assigned	
Florida document number L22000174438	.		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of th	e limited liability company here:		
Hazel Adventures LLC			2022 MAY -2 FM 2: 59
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicabl	e:		
Principal office address MUST BE A STREET A		>-t-	202
Francipal office dualess PIOST BE A STREET A	<u></u>	p- '2	_~~
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		9	
Enter new malling address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
		<u> </u>	
B. If amending the registered agent and/or regingent and/or the new registered office address b		s, enter the name of the new regi	stered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida str	zei address	 -
-	City	, Florida 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 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 Title <u>Name</u> Address Type of Action \Box Add Remove __ Change □ Remove _ Change □Add Remove □ Change ___ _ □Add _____ □ Remove __ 🗆 Change □Add _ □ Remove _ Change __ □ Add □Remove

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Note: If the date inserted in	an the date of filing: late must be specific and essent be p this block does not meet the ap the Department of State's reco	plicable statutory filing r	than 90 days after filing.) Pequirements, this date wi	armunt to 605,020' Il not be listed a	17 (3)(1 s the
record specifies a delayed e d is filed.	effective date, but not an effective	ve time, at 12:01 a.m. on	the earlier of: (b) The 9	Oth day ofter the	;
Dated May 2nd	2022				
7aicu		 -			

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Typed or printed name of signee