L22000239371

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300407378653

05/01/23--01006---093 **S0.00

2023 1117 - 1 PM 2: 44

S. RO _...S

COVER LETTER

TO:

			•
	Hustle, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations			
	Michelle Wall		
		Name of Person	
	Franchise Hustle, LLC		
		Firm/Company	
	30089 Island Club Drive		
		Address	
	Deer Island, FL 32778		
		City/State and Zip Code	<u>-</u>
	-		
	E-mail address: (to be used for future annual report noti	ification)
For further information	concerning this matter, please c	all:	
Richard Gardner		at ()	
Name	of Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status &
			ection
Division of	Corporations	Division of Co	rporations
P.O. Box 63 Tallahassee,			Γallahassee be Street, Suite 810
i ananassee,	LL 04014	ZHID IN, MOHO	ic succe, suite and

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Franchise Hustle, LLC			
(Name of the Limited Liability (A Florida L	Company as it now appears on our reco imited Liability Company)	ords.)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on 5/23/2022		and assigned
lorida document number L22000239371			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limite	ed liability company here:		
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "Ll	LC" or the abbr	eviation "L.L.C."
inter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRE	<u></u>		202
		<u>``</u>	3
	-	-	1
Inter new mailing address, if applicable:			
• •	15 1151		
Mailing address MAY BE A POST OFFICE BOX)			<u>??</u>
			_
 If amending the registered agent and/or registered of gent and/or the new registered office address here: 	office address on our records, <u>ent</u>	er the name	of the new regis
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street add	ress	
	, 1	Fłorida	Zip Code
	Cuy		zaji 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
AMBR	Richard Gardner, Managing Broker	380 Interstate Court, #204C, Sarasota, FL 34240	= Add _.
·			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□ Remove
			□ Change
			DAdd
		.	□Remove
			Change

-	· · · · · · · · · · · · · · · · · · ·
_	
_	
-	
•	
-	
-	
-	
-	
-	
-	
-	
-	
-	•
If an cf Note:	ive date, if other than the date of filing:
e reco rd is fi	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 fled.
Dated	Signature of a member or authorized representative of a member
	Michelle Wall, Mgr Typed or printed name of signee