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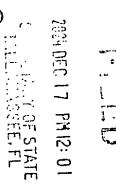
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COVER LETTER

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P.O. Box 6327

Tallahassee, FL 32314

TO:

	gistration Sec vision of Corp					
	Franchise H	ustle, LLC				
SUBJECT:		Name of Limi	ited Liability Company		 	
The analogo	al Articlas of S	Amendment and fee(s) are sub-	mitted for filing			
		ndence concerning this matter	-			
		Michelle Wall				
			Name of Person			
		Franchise Hustle, LLC				
			Firm/Company			
		30089 Island Club Dr.				
			Address			
		Deer Island, FL 32778		_		
		mwall@sunbeltnetwork.com	City/State and Zip C	ode		
		E-mail address: (to be used for future and	nual report notif	cation)	
For further	information co	oncerning this matter, please ca	all:			
Nicholas C	ostello		813 at ()	965-1057		
	Name of	Person	Area Code	Daytime	Telephone Number	
Enclosed is	a check for th	e following amount:			S60.00 Filing Fee!	er- 1
	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing I Certified Cop (additional copy i	y is enclosed)	S60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed)	
	ailing Address egistration S		Reg	<u>et Address:</u> istration Sec		
D	ivision of C	orporations	Div	ision of Corp	porations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Franchise Hustle, LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company velocida document number L22000239371	vere filed on 05/23/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "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)	
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here: Name of New Registered Agent:	idress on our records, enter the name of the new register
New Registered Office Address:	Enter Florida street address
	Florida T
New Registered Agent's Signature, if changing Registered Agent:	City The Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pabeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is
If Chang	ging Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

• • •	~		
Ai	MBR :	 Authorized 	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Nicholas Costello, Managing Broker	15428 E. Lake Burrell Dr., Lutz, FL 33549	\equiv A dd
		· - ··	□Remove
			□Change
AMBR	Richard Gardner, Managing Broker	380 Interstate Court, #204C, Sarasota, FL 34240	□Add
			= Remove
			□Change
			🗆 Add
			□Remove
			🗀 Add
		<i>QD</i>	S □Remove
			S Remove
			17 PHIZ
			E. FLARemove
			[] Change
			🗀 Add
			□Remove
			□Change

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th days after the ord is filed. Dated 12/10 Signature of a member of authorized representative of a member	Effective date, if	other than the dat	e of filing: $\underline{}^{12}$	2/10/2024		(optional)	21. E	٠
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Michelle Wall, Mgr		Sign	nature of a memb	per or authorized	representative	of a member			
	Nation .	lle Wall Mor							

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Filing Fee: \$25.00