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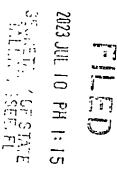
(Requestor's Name)
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(Business Entity Name)
(Document Number)
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Y. SCOTT AUG 13 2023

COVER LETTER

TO: F	Registration Section Division of Corpor	n . ations		· / /	-) · · · •	e.		
SUBJEC'	T: Jas	dy M	Jom,	14	<u></u>	· 	•	
		Name o	of Limited Lia	bility Company				
The enclo	sed Articles of Am	endment and fee(s) are	e submitted	for filing.				
Please ret	urn all corresponde	nce concerning this m	latter to the f	following:				
		Len Has	du M	Name of Person Many LL C Firm/Company				
		508 Indiae	N last	Address State and Zip Code	aic 329	SECHETY SEC	2023 JUL 10 PM 1:	
	-	E-mail addi	` `	en for future annual rep	ogn notification)	ZIVIE	1:15	O
For furthe	Mume of Per	Hardy rson		at (<u>32/</u>) <u>83</u> Area Code	<i>1-4990</i> Daytime Telepho	ne Number		
	is a check for the fo	\$30,00 Filing Fee & Certificate of State	us	\$55,00 Filing Fee & Certified Copy (additional copy is enclose		\$60,00 Filing Certificate o Certified Co (additional copy	f Status py	
1 1	Mailing Address: Registration Sec Division of Corp			Division of	ress: on Section of Corporation re of Tallahas			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Harily 11	m, LLC
(<u>Name of the Limited Liabi</u> (A Florid	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability	ompany were filed on $9-4-22$ and assigned
Florida document number <u>L 2 Z O O O 30 Z 5 3</u>	<u> </u>
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	ed liability company here:
Hardy House Me	1, q LLC
	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	//t
(Principal office address MUST BE A STREET ADD	ESS)
. 10	
Enter new mailing address, if applicable:	Character Contract
(Mailing address MAY BE A POST OFFICE BOX)	
	====================================
	office address on our records, enter the name of the new registers
agent and/or the new registered office address here:	N/A
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Register	Agent: N/A

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 or removed	Authorized Person(s) authorized to r	nanage, enter the title, name	e, and address of each person being added
MGR = N AMBR = A			
<u>Title</u>	<u>Name</u>	Address	Type of Action
		 	□ Add
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octive data if other th	an the date of filing:	4-23	(optional)
effective date is listed, the	date must be specific and cannot be pri-	or to date of filing or more that	90 days after filing.) Pursuant to 605
ument's effective date of	n this block does not meet the appl in the Department of State's record	ls.	mements, this date will not be list
cord specifies a delayed sfiled.	effective date, but not an effective	time, at 12:01 a.m. on the	earlier of: (b) The 90th day afte
	July 27th		
ed 7-4-	22 / 20%	22.	
		'/	