

L22000359983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

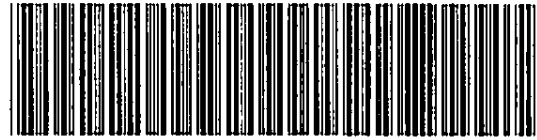
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/10/22-- 01010-- 014 **60.00

2022 NOV 10 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: H 3 S Cable LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jacob Bushee
Name of Person

H 3 S Cable LLC
Firm/Company

6 Lynbrook Dr.
Address

Palm Coast, FL 32137
City/State and Zip Code

hscablellc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacob Bushee at (802) 377 0840
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

H3S Cable LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8/16/2022 and assigned Florida document number 222000359983

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

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

FILED
2022 NOV 30 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FL

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>	<u>Type of Action</u>
<u>AP</u>	<u>Stephanie Bushee</u>	<u>6 Lynbrook Dr.</u>	<input type="checkbox"/> Add
		<u>Palm Coast, FL 32137</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AP</u>	<u>Jacob Bushee</u>	<u>6 Lynbrook Dr.</u>	<input checked="" type="checkbox"/> Add
		<u>Palm Coast, FL 32137</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

My husband (Jacob Bushee) is the owner of this Company, when filing the original paperwork we accidentally made myself the owner and Jacob the registered agent. We are filing this amendment to correct this matter.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated October 26th, 2022

Stephanie Bushee
Signature of a member or authorized representative of a member

Stephanie Bushee
Typed or printed name of signer

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H³S Cable LLC

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(A Florida Limited Liability Company)

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(Principal office address MUST BE A STREET ADDRESS)

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Name of New Registered Agent:

New Registered Office Address:

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Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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		Palm Coast, FL 32137	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Jacob Bushee	6 Lynbrook Dr.	<input checked="" type="checkbox"/> Add
		Palm Coast, FL 32137	<input type="checkbox"/> Remove
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Dated October 26th 2022

Stephanie Bushee
Signature of a member or authorized representative of a member

Stephanie Bushee
Typed or printed name of signee