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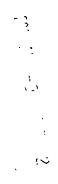
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration So Division of Cor					
PIPE HAW	VK LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	ROUHIER, JEFFREY C.				
		Name of Person			
	PIPE HAWK LLC				
		Firm/Company	*		
	2249 GOLD DUST DRIV	E	• • •		
		Address	1,		
	MINNEOLA, FL 34715				
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·		
	jeffrouhier@gmail.com		. 10		
For further information c	E-mail address: (concerning this matter, please c	to be used for future annual report no all:	(fication)		
ROUHIER, JEFFREY C		407 463-9312			
Name o	f Person	Area Code Daytin	me Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address		Street Address: Registration So	ection		
Registration Section Division of Corporations		Division of Co			
P.O. Box 632	27	The Centre of	Tallahassee		
Tallahassee, FL 32314		2415 N. Monre	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PIPE HAWK LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our r Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on $\frac{09/06/2022}{}$	and assigned
This amendment is submitted to amend the following:	_	
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		****
Principal office address MUST BE A STREET ADDRI	ESS)	
		<u>.</u>
		,
Enter new mailing address, if applicable:		: · · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BOX)		
		•
	*****	- N
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, g	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
	2,720	
	City	_, Florida Zip Code
	Cuy	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ROUHIER, JEFFREY C.	2249 GOLD DUST DRIVE	= Add
		MINNEOLA, FL 34715	□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			<u>□</u> Remove
			□ Change
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fective date, if other than the date of filing:	he applicable statut	iling or more than 90 d cory filing requireme	_ (optional) ays after filing.) Pu nts, this date wil	rsuant to 605.02 I not be listed
ecord specifies a delayed effective date, but not an efficience.	fective time, at 12:	01 a.m. on the earlie	erof:(b) The 90	ìth day after th
AUGUST 1ST. 20)24			
,				
The Ac		esentative of a member		

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Filing Fee: \$25.00