Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((11240003916573)))



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To: Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number : I20010000062 : (323)962-8600

Fax Number : (323)389-0502

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

8:32	
E	

mail Address:_		
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **TULP OUTDOOR LLC**

Certificate of Status	0
Certified Copy	1
Page Count	06
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T. LEMIEUX

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## **COVER LETTER**

TO: Registration So Division of Cos			
A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TDOOR LLC		
SUBJECT:	Name of Lim	ited Erability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Mike Town		
		Name of Person	ALC IN COMPANY OF STREET PROPERTY OF STREET, S
	Legalzoom.com, Inc.		
		Firm/Company	
	9900 Spectrum Dr		
		Address	
Austin, TX 78717			
		City/State and Zip Code	<del></del>
	gabriel@tulpoutdoorliving.		
	E-mail addices. (	to be used for future annual report noti	fication)
For further information of	concerning this matter, please co	all	
Mike Town		800 773-0888 at()	
Name (	if Person		e Telephone Number
Enclosed is a check for t	he following amount:		
☐ \$25.00 Filing Fee	S30 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)
Regist Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURI Registration Section Division of Corpor Clifton Building	on
	assec, FL 32314	2561 Executive Cu	mter Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TULP OUTDOOR LLC		
( <u>Name of the Limited Liabi</u> (A Flori	ility Company as it now appears on our records da Limued Liability Company)	.)
The Articles of Organization for this Limited Liability Florida document number 1.22000408633	Company were filed on 09/19/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
H.P.S. USA LLC		
The new name must be distinguishable and comain the words "Li	mited 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 ADD	DRESS)	07/2
		<u> </u>
Enter new mailing address, if applicable:		PH 2
Mailing address MAY BE A POST OFFICE BOX)		프로 알
		11
Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office ad-		771
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	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

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>	Name	Address	Type of Action
AMBR	Marco Grovannangelo	601 Brickell Key Dr ; #700 Mtano, FL 33131	Add
			□ Венноче
			☐ Change
AMBR	Barbara Calis		
		PO Box 3328 Plymouth, MA 0236	<b>≅</b> Remove
			□ Change
			Add
			Remove
			☐ Change
			O Add
			☐ Remove
			Change
			□ Remove
			Change
			□ Remove
			☐ Chance

famendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u>ote:</u> If the	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 505 0207 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records
	specifies a delayed effective date, but not an effective time, at $12:01~a.m.$ on the earlier of day after the record is filed.
ited	5/2024
ı	S/ Gabriel Kroeze
_	Signature of a member or authorized representative of a member
(	Gabriel Kroeze

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Filing Fee: \$25.00