## L22 000 439 602

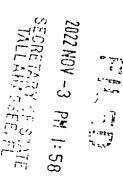
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## **COVER LETTER**

TO: Registration So Division of Cor				
SUBJECT:	ulas Noeth 1	FL ILC		•
SUBJECT:	Name of Lim	nited 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:		
	Zach	HARTMAN		
		Name of Person		
	Hulas	NORTH FL LL	C	
		Firm/Company		7077 SE
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				三男 も
	Mais	TLAND FL 3279	94	京公 平
		City/State and Zip Code		ma -
	JE1.MC9 E-mail address	to be used for future annual report notif	ability Company  Id for filing.  If following:  ATMAN  Name of Person  Address  Registration Section	
	oncerning this matter, please c			
Zach A	ALTMAN OF Person	at (407) 409-	2840	
Name o	f Person	Area Code Daytime	: Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	☑ \$30.00 Filing Fee & Certificate of Status		Certificate Certified C	of Status & opy
<u>M</u> ailing Addres	·s·	Street Address		
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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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

Hula's NORTH FL. LLC

( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on o Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L 22000 43960</u> 2	were filed on/0	112   2027 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designa	tion "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	<del> </del>	2022 5 E		
		AR 8 "1		
		1 3		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
		<u></u>		
		rit w		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our record	ls, enter the name of the new registered		
Name of New Registered Agent:				
	·			
New Registered Office Address:	Enter Florida str	eet address		
	City	, Florida Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agre	ee to act in this capac	city. I further agree to comply with the		
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as n		_		

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 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>	Type of Action
MGR	Jennifer MCbee	2522 Alona AVE Winter Pack, FL 32792	□Add
		WINTER PACK, FL 32792	—XRemove
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ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing of the date inserted in this block does not meet the applicable statutory focument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective time, at 12:01 a. is filed.	.m. on the carlier of: (b) The 90th da	y after the
Notenber 2 . 2022.  Signature of a member or authorized representa		
//		
Signature of a member or authorized representa		

Filing Fee: \$25.00