h22000460364

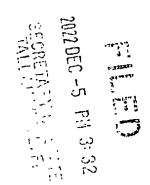
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COVER LETTER

Division of Coi			
EYE HUS'	TLE LLC		
SUBJECT:	Name of Lin	nited Liability Company	_
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
	ondence concerning this matter	•	
	Filing Michaell)		
		Name of Person	
	ZenBusiness Inc.		
		Firm/Company	
	336 E College Ave. Ste 30	H	S 2
		Address)22 G
	Tallahassee, FL 32301		- 3 - 1 2022 DEC - 5 SEGRETAR TALLAR
		City/State and Zip Code	- 5 ·
	fulfillment@zenbusiness.co	on to be used for future annual report notification)	-5 PH 3
For further information c	concerning this matter, please c		19 1 2
Filing MichaelD c/o Zer	nBusiness Inc.	844 493-6249 at ()	
Name o	of Person	Area Code Daytime Telephone Nun	nber
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certification Copy is enclosed) Certificational copy is enclosed)	0 Filing Fee, ficate of Status & fied Copy onal copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Section	
Division of C		Division of Corporations	

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

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

EYE HUSTLE LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	<u>any as it now appears on our record</u> Liability Company)	<u>··</u>)		
The Articles of Organization for this Limited Liability Company Florida document number 1.22000460364	were filed on 10/26/2022	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	2209 5th st NE			
(Principal office address MUST BE A STREET ADDRESS)	Winter Haven , FL 33881	22 (
	-	· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:	2209 5th st NE	्रिके 😎 🌃		
(Mailing address MAY BE A POST OFFICE BOX)	Winter Haven , FL 33881	100 cm \$ 100 mm		
		-1. 3		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, <u>enter</u> 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 agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, an provided for in Chapter 605, I	d I am familiar with and F.S. Or, if this document is		

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 adc or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LYDIA NEWBERRY	2209 5TH ST NE	□Add
		WINTER HAVEN, FL 33881	□Remove
			■Change
MGR	Stanley Stewart	481 Wekiva Crest Drive	□Add
		Apopka, FL 32712	□Remove
			■Change
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ective date, if other than the	late of filing: be specific and cannot be prior to date	of thing or more than 00 days at	itional)	605 070
te: If the date inserted in this blo	ck does not meet the applicable st			
cument's effective date on the De	partment of State's records.			
ecord specifies a delayed effective is filed.	date, but not an effective time, at	12:01 a.m. on the earlier of:	(b) The 90th d	ay after the
November 23	2022			
/s/ LYDIA NI	EWBERRY			
	signature of a member or authorized r			

Filing Fee: \$25.00