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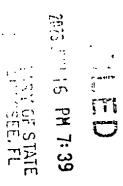
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R. HUNT 06/16/23

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: TOP To	er Repairs An	Maintenance LLC ited Liability Company								
	Willie W. L.III	med minanty 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:								
	Arielle M	belomen								
		Name of Person	<u>*</u>							
		Firm/Company	16 PH 7: 39 Y OF STATE STOREE, FL							
	2821 YELLOW	Pine DRIVE	7: 39 STATE 2. FL							
	Tacksonville	Florida 3227 City/State and Zip Code	1							
	Redhen solution	nslic @ amail . Com to be used for future annual report noti	fication)							
For further information e	oncerning this matter, please c	all:								
Arielle M	Solomon (Person	at (<u>305</u>) <u>205. 6</u> Area Code Daytim	5321 ne Telephone Number							
Enclosed is a check for th	ne 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 Addres Registration S	Section	Street Address: Registration Se								
Division of C P.O. Box 632	•	Division of Cor The Centre of T	•							
Tallahassee, I	FL 32314	2415 N. Monroe Street, Suite 810								

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Top Tier Repairs An n	naintenance LLC
Top Tier Repairs An O (Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar	ny were filed on $\frac{\sqrt{120}+2023}{\sqrt{120}}$ and assigned
Florida document number <u>L 230000 50120</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
Red Hen Solutions LLC The new name must be distinguishable and contain the words "Limited Lia	
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2821 Yellow Pine Dr.
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville FL 32277
Enter new mailing address, if applicable:	-3 -2 -3 -40
(Mailing address MAY BE A POST OFFICE BOX)	
	5 CO 1
R. If amonding the registered areas and the state of the	e address on our records, enter the name of the new register
ngent and/or the new registered office address here:	e address on our records, enter the name of the new register
	m w
Name of New Registered Agent: Acie We	e M. Solomon
New Registered Office Address: 2821 \	Ellow Pine DRIVE Enter Florida street address
Tacks	Sonville Florida 32277
	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>	<u>Name</u>	Address	Type of Action
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		Tocksonville FL. 32277 UN	ENRemove
			□Change
NGL	Arielle M. Solomon	2821 Yellow Dine D21VC	⊠∕Add
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