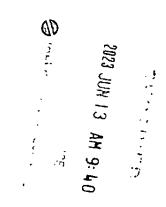
L23000052024

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	

Office Use Only



06/13/23--01001--012 **25.00



A. RAMSEY
JUN 1 4 2023

COVER LETTER

	Registration Sec Division of Corp		•	
oran ma	Hole Card, 1	LLC		
SUBJEC	-!: <u>-</u>	' Name of Lin	nited Liability Company	
The encl	osed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspor	ndence concerning this matter	to the following:	
		Read Adams		
			Name of Person	
		Hole Card, LLC		
		·	Firm/Company	
		460 Meadow Ridge Drive		
		·	Address	
		Tallahassee, FL, 32312		•
			City/State and Zip Code	
		readadams0215@gmail.com	rt to be used for future annual report not	or
For furth	er information co	ncerning this matter, please o		псации
Howard	E. Adams		850 222-3533	
Ak	Norther of	Person Ala	at (ne Telephone Number
Enclosed	is a check for the	following amount:		
■ \$25. 6	90 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 Address Registration S		<u>Street Address:</u> Registration Sc	ection
	Division of Co		Division of Co	
	D () Box 6327		The Centre of	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Hole Card, LLC

FILED

2023 JUN 13 AM 8: 35 (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on January 27, 2023 Florida document number 1.23000052024 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida 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	Morquis Hribar	14231 Fountain Hills Ct. NE	🗀 Add
		Prior Lake, MN. 55372 US	≣Remove
			[]Change
			□Add
			□Remove
		,	□Change
			□Change
		4	□Add
			□Remove
		·	Change
			🗖 Add
			□Remove
			Change
			□Add
			□Chanee

Effective date, if other than the date of filing:
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed.
Dated June 13 . 2023 .
Read Adams Signature of a member or authorized representative of a member
Signature of a member or authorized representative of a member
Read E. Adams Typed or printed name of signee

Filing Fee: \$25.00