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COVER LETTER

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TO:

Registration Section

Division of Corporations				
Felton Hat				
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
·	Č	,		
	Stacey Felton			
		Name of Person	****	
	Inner Circle Services FL,	LLC		
		Firm/Company		
	12387 Green Stone Court			
		Address		
	Fort Myers, FL 33913			
		City/State and Zip Code		
	stacey@feltonhatco.com	to be used for future annual report not	(fication)	
For further information e	oncerning this matter, please c	·	•	
Stacey Felton		239 245-2784		
			ne Telephone Number	
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he following amount:			
	-			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres	<u>s:</u>	Street Address:		
Registration Section			Registration Section	
Division of Corporations		Division of Corporations		
P.O. Box 632		The Centre of T		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Felton Hat Co. LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our record- ited Liability Company)	<u>(,</u>)
The Articles of Organization for this Limited Liability Comp	pany were filed on 6-7-23	and assigned
lorida document number L23000275879		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		2
		- (2) (T)
nter new mailing address, if applicable:		: "
Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · ·
		Īs.
 If amending the registered agent and/or registered off gent and/or the new registered office address here: 	ice address on our records, <u>enter</u>	the name of the new regist
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>	<u>Name</u>	Address	Type of Action
MGR	Bak & Fitz Investments LLC	12647 FAIRINGTON WAY	🗆 Add
		FORT MYERS, FL 33913	Remove
			☐ Change
			□ Add
			= Remove
			☐ Change
			□ Add
			⊔Change
			□Add
			□ Remove
			DAdd
			□Remove
			[]Change
			□Add
			= Remove
			□ Change

Effective date, if other than the date of filing: 15 an effective date, if other than the date of filing: 15 an effective date is listed, the date must be specific and cannot be prior to date of tiling or more than 90 days after filing.) Pursuant to 605 0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. The eccord 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 rd is filled. September 9 2024 Signature of inferior of authorized representative of a member Stacey M. Felton	_	
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:	_	
Effective date, if other than the date of filing:	_	
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Effective date, if other than the date of filing: fan effective 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 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. The 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 red is filed. September 9 September 9 Signature of a member or authorized representative of a member		
Effective date, if other than the date of filing:	_	
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Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:	_	
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document's effective date on the Department of State's records. e 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 rd is filed. Dated September 9 Signature of a member or authorized representative of a member	f an effe	ctive date is listed, the date must be specific and cannot be prior to date of tiling or more than 90 days after filing.) Pursuant to 605.0207
Dated September 9 2024 Signature of a member or authorized representative of a member	docume	nt's effective date on the Department of State's records.
Dated September 9 2024 Signature of a member or authorized representative of a member		
Dated September 9 2024 Signature of anyember or authorized representative of a member		
Signature of a member	rd is tile	d.
Signature of a member	5	Sentember 9 2024
	Dated _	
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		Signature of a number or authorized representative of a member
		(/ ^V

Filing Fee: \$25.00