**Division of Corporations** 

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To:

Division of Corporations

Fax Number : (850)617-6383

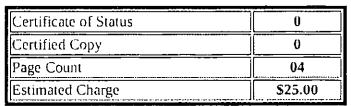
From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HARD CORE LLC



M. SOLOMON

JUL - 6 2023

Electronic Filing Menu Corporate Filing Menu

Help

7/3/2023 14:14:45 PDT -

To: 18506176383

Page: 2/4

From: Registered Agents Inc.

## Fex: 8134365206

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

	ORE LLC							
(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 Company were filed onand assigned Florida document number								
This amendment is submitted to amend the following:								
A. If amending name, enter the new name of the limited lia	ability company here:							
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:		····						
(Principal office address MUST BE A STREET ADDRESS)		<b>7023</b>						
		-5 F						
Enter new mailing address, if applicable:								
(Mailing address MAY BE A POST OFFICE BOX)		S T						
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3.7 A.T.						
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the na</u>	me of the new registered						
Name of New Registered Agent:								
New Registered Office Address:								
	Enter Florida street address							
<del></del>	, Florida _							
	City	Zip Code						

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.

7/3/2023 14:14:46 PDT

To: 18506176383

Page: 3/4

From: Registered Agents Inc.

Fax: 8134365206

## 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
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		St. Petersburg, FL 33702	□Remove
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			□Remove
			Change 2023 JUL -5 vo AM 9 m22 2 Change 2023 JUL -5 so AM 9 m22 2 Change STELL FLORIDA CHANGE
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To: 18506176383

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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this I document's effective date on the	ust be specific and eanne block does not meet t	he applicable :			iling.) Pursuant to		
the record specifies a delayed effection of the filed.	ive date, but not an ef	fective time, a	t 12:01 a.m. on	the earlier of: (b)	The 90th day a	ifter the	
	. 2	023 .					
Dated July 3							
Dated July 3	Signature of a memb	j					