## 124000138468

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## COVER LETTER

	legistration Sect Division of Corpo		•		·
		LLC .		•	
SUBJECT:    Hidden Roll LLC	1 Liability Company				
The enclo	sed Articles of A	mendment and fee(s) are submi	tted for filing.		
Please reti	urn all correspon	dence concerning this matter to	the following:		
		Joseph DeMartini			
			Name of Person		
		Hidden Roll LLC			
			Firm/Company		<del></del>
		1479 Shady Place #2304			
			Address		
		Daytona Beach, Florida 321	14		
			City/State and Zip Code	<u></u> -	
				suport notification)	
For furth	er information co			report neumenton,	
Joseph I			at ()	1-7009	
	Name of	l'Person	Area Code	Daytime Teleph	one Number
Enclosed	l is a check for th	ne following amount:			
<b>≡</b> \$25.	.00 Filing Fee		S55.00 Filing Fee Certified Copy (additional copy is en		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street Address: 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

Hidden Roll LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limite	ipany as it now appears on our records.) ed Liability Company)	
he Articles of Organization for this Limited Liability Compa- lorida document number <u>L24000138468</u>		and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited li	ability company here:	
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" of	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	<u></u>	
		- <del>1</del>
Inter new mailing address, if applicable:		: 8
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter t</u>	he name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flo	rida
<del></del>	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	Joseph G. DeMartini	1479 Shady Place, #2304, Daytona Beach, Fl 32114	<b>=</b> Add
			□Remove
			□Change
AMBR	Erik Larsen	12124 Knights Krossing Cir #3-204A, Orlando, Fl 3	2817 <b>≡</b> Add
			□Remove
			□Change
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
<del>,</del>			□ Add
			□Remove
			□Change

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If an effect Note: If	tive 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 6 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lat's effective date on the Department of State's records.	505,020 isted a
ord is filed		fter the
Dated _	5-9-2024  Signature of a member or authorized representative of a member	
	Joseph DeMartin	-
	Signature of a member or authorized representative of a member	