L24000214035

(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:
J. HORNE JUL 17 WM
101 1, 50r.





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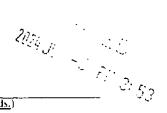


COVER LETTER

TO: Registration Se Division of Cor					
H3 AG, LL					
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	TIFFANY HILL				
		Name of Person	<u>-</u>		
	H3 AG, LLC				
		Firm/Company			
	1600 FARM RD.				
	<u>. </u>	Address			
	SEBRING, FL 33876				
		City/State and Zip Code	 		
	h3ag@yahoo.com		<u></u>		
	E-mail address: (to be used for future annual report not	ification)		
For further information e	oncerning this matter, please c	all:			
TIFFANY HILL		863 214-6135			
Name o	f Person	at ()	ne Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres Registration 9		Street Address: Registration Se	ection		
Division of Corporations		Division of Co	Division of Corporations		
P.O. Box 632 Tallahassee, l		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



H3 AG, LLC

(Name of the Limited Liability Company as it now appears on our records.)

lability Company)	
were filed on MAY 8, 2024	and assigned
lity company here:	
ty Company," the designation "LLC	" or the abbreviation "L.L.C."
	,,,,
 	
ddress on our records, <u>enter</u>	the name of the new registered
Enter Florida street addres	3
, Flo	orida
City	Zip Code
ee to act in this capacity. I fu performance of my duties, ar provided for in Chapter 605, address, I hereby confirm th	F.S. Or, if this document is $-$
	ddress on our records, enter Enter Florida street address City et to act in this capacity. I furperformance of my duties, and provided for in Chapter 605,

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
			□Add
		_	□Remove
			□Change
			□Remove
			Change
			□Add
			□Remove
			Change
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			Remove
			□Change

	<u> </u>				
		- <u></u> -		"	
		<u>-</u>			
-					
					
					
				<u> </u>	
ective date, if other than a effective date is listed, the date te: If the date inserted in the cument's effective date on the	must be specific and cannot s block does not meet t	he applicable stat	f filing or more than 9	(optional) Odays after filing.) Puments, this date wil	rsuant to 605.020 I not be listed a
cord specifies a delayed effe s filed.	ctive date, but not an ef	fective time, at 1	2:01 a.m. on the ea	lier of: (b) The 90	Ith day after the
ed	20.	24			
J. Khw	the /		nresentative of a mem		

Filing Fee: \$25.00