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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : ZENBUSINESS INC.
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HARTSELL AVE. LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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HARTSELL AVE. LLC

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

FILED 2025 JAN 10 PM 5:12 FALL WALKER, LLC

The Articles of Organization for this Limited Liability Company were filed on 08/28/2024 and assigned Florida document number 1.24000377933

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 "L.L.C."

Enter new principal offices address, if applicable:

5311 Dismuke Dr

(Principal office address MUST BE A STREET ADDRESS)

Lakeland, FL 33812

Enter new mailing address, if applicable:

5311 Dismuke Dr

(Mailing address MAY BE A POST OFFICE BOX)

Lakeland, FL 33812

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

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

To:

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>	<u>Type of Action</u>
AMBR	Patrick Fitzgerald	5311 Dismuke Dr	<input type="checkbox"/> Add
		Lakeland, FL 33812	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Grace Fitzgerald	5311 Dismuke Dr	<input type="checkbox"/> Add
		Lakeland, FL 33812	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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