## 124000398611

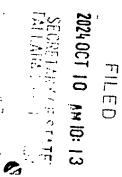
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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration of	on Section F Corporations		
Hullan	der Hauling LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Article	es of Amendment and fee(s) are sub	mitted for filing.	
Please return all cor	respondence concerning this matter	to the following:	
	Sarah Faulkner		
		Name of Person	
	The Financial Integrity Gr	oup	
		Firm/Company	
	410 E Taylor Street Suite	G	
		Address	
	Griffin Ga 30224		
		City/State and Zip Code	
	authorities@tfig.org E-mail address:	to be used for future annual report noti	fication)
For further informat	ion concerning this matter, please c	·	
Sarah Faulkner		770 233-9014	
Na	ume of Person	at ()	c Telephone Number
Enclosed is a check	for the following amount:		
□ \$25.00 Filing F		☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
_	ion Section	Street Address: Registration Sec	
Division of Corporations P.O. Box 6327		Division of Cor The Centre of T	- <del>-</del>

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hullander Hauling LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{9/12/2024}{1}$ and assigned Florida document number L24000398611 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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 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
MGR	Tiffany Hullander	417 Willows Ave	<b>=</b> Add
		Port St. Lucie Fl 34952	□Remove
			□Add
			□ Remove
			□Change
		<del></del>	□ Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			ПRеточе
			Change

Effective date, if other than the date of filing:  (If an effective date, if other than the date of filing:  (If an 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 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 root is filed.  Dated  September 27th  2024  Sugradure of a member or authorized representative of a member  Casey Hullander		<del></del>			<del></del>	_
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Filing Fee: \$25.00