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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Hallidaus U	L	
JUNICI.	Number of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Gre	gory Grobles Name of Person	
	Ha	Mildage UC Fire/Company	
	4850 Tamiami T	Tool N. Suite 301 Address	
	Naples	City/State and Zip Code Hallidaye. com to be used for future annual report not	
	ggroblere	Hallidaye.com	
For further information c	rman address: (oncerning this matter, please c		incation)
Cregory C	probler	at (646) 9876 Area Code Daytin	307
U Neutre o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration		Street Address: Registration So	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

11.

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(Name of the Limited	I Liability Company as it now appear VFlorida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Lia		olos/2024 and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of	he limited liability company he	ere:
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	24.00f 22 FM2
B. If amending the registered agent and/or reagent and/or the new registered office address	- :	
Name of New Registered Agent:		
New Registered Office Address:	4850 Tamiani Tro	id N Suite 301
	Naples	, Florida <u>34\03</u>
New Registered Agent's Signature, if changing Re	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.

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
MGL	Croegory Crobber	108 67	
	, 	1108 Ridge St, Naples, 34103	Remove
			□ Change
<u>HUR</u>	Gregory Grobler	1108 Ridge St, Naples, 34103.	GAdd
	•		□Remove
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an eff <u>ote:</u>	ive date, if other than the date of filing:
ecor is fi	d 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 led.
ated	Signature of a member of authorized representative of a member Cregory Crobler Typed of printel name of signee
	land the second of the second