L21000130039

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Sasmess Entry Name)	
(Document Number)	
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Certified Copies Certificates of	Status
Special Instructions to Filing Officer:	
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Office Use Only



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COVER LETTER

	Registration Se Division of Cor			_
CUBICA	STUDENT	HOB LLC		•
SUBJEC	T:	Name of Lim	ited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Roodson Pierre		
			Name of Person	
		STUDENTHOB LLC		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		1150 MALABAR RD SE,	STE 111 BOX 332	
			Address	
		PALM BAY, FL 32907		
			City/State and Zip Code	
		studenthob@gmail.com	to be used for future annual report no	rification)
For furth	er information c	oncerning this matter, please co	-	
Roodson	Pierre		863 5857054 at ()	
	Name o	f Person	Area Code Daytii	ne Telephone Number
Enclosed	l is a check for th	ne following amount:		
₩ \$25.0	00 Filing Fce	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S	Section	Street Address: Registration So	
	Division of C	Corporations	Division of Co	rporations

P.O. Box 6327

Tallahassee, FL 32314

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 for the filter of the control of the cont

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STUDENTHOB LLC

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

-	(A Florida Limited	Liability Company)	20)
The Articles of Organization for this Limited Florida document number L21000130039	Liability Compan	y were filed on MARCH 19	and assigned
This amendment is submitted to amend the fo	ollowing:		
A. If amending name, enter the new name	of the limited lial	bility company here:	
The new name must be distinguishable and contain the	e words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if app		1150 MALABAR RD SE, STE	
(Principal office address MUST BE A STRI		PALM BAY, FL 32907	
Enter new mailing address, if applicable:		1150 MALABAR RD SE, STE	111 BOX 332
(Mailing address MAY BE A POST OFFIC	E BOX)	PALM BAY, FL 32907	
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office a	address on our records, <u>enter tl</u>	ne name of the new registered
Name of New Registered Agent:	AMON MCKIN	NEY	
New Registered Office Address:	1150 MALABA	AR RD SE, STE 111 BOX 332	
		Enter Florida street address	
	PALM BAY	Flori	ida _32907
		City	Zip Code

N

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: ्रभूत सम्बद्धाः स्थानिक स्थानिक

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address JUN 22 AM 9: 40	Type of Action
AMBR	AMON MCKINNEY		_ ≣ Add
		1150 MALABAR-RD SE, STE 111 BOX 332	
		PALM BAY, FL 32907	—_ □Remove
			□Add
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			🗀 Add
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	er change(s) here: (Attach additional sheets, if necessary)
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ective date, if other than the date of fit effective date is listed, the date must be specific te: If the date inserted in this block does not ument's effective date on the Department of	and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 of meet the applicable statutory filing requirements, this date will not be listed.
cord specifies a delayed effective date, but s filed.	not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed 6/19/2021	
tho.	Id-Di-
Signature o	f a member or authorized representative of a member
2	ockon Pierre

Filing Fee: \$25.00