L25000218275

(Requ	estor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Fill	ing Officer:	

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FILED

1025 HAY 20 PH 3: 54

FLORIDA CAPITAL COURIER SERVICES. INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

	218275
Business Name	#Document
Walk in	Will wait
Certified Copy of Incorporation X Certificate of Status	
NEW FILINGS Profit Not for Profit LLC Domestication INC CORP LLLP	AMENDMENTS _X_Amendment Resignation of Member/MGR _Resignation of Registered Agent Revocation of Dissolution Conversion Statement of Correction Merger DISSOLUTION
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
TRANSMITTAL LETTER	Foreign Filing Partnership
Fictitious Name -	Reinstatement
Statement of Authority business	Articles of CORRECTION Withdraw of Authority to conduct TRADEMARK Domestication
APOSTIL COUNTRY	Other

COVER LETTER

TQ: Registration Se Division of Cor			
	OG ONE LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	IVAN BRAVO		
		Name of Person	····
	RED SQUARE ACCOUN	TING AND TAX LLC	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	6052 TURKEY LAKE RE	RD SUITE 144	
		Address	
	ORLANDO FL 32819		
		City/State and Zip Code	
	INFO@REDSQUARETAX	COM to be used for future annual repor	rt notification)
For further information of	concerning this matter, please c	·	
IVAN BRAVO		407 717-813	50
Name o	of Person	at () Area Code D	aytime Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	\$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		Street Addre	
Registration: Division of C		Registration Division of	n Section Corporations
P.O. Box 632	-		of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 21, 2025

FLORIDA CAPITAL COURIER SERIVCES

SUBJECT: THE HEDGEHOGS LLC

Ref. Number: W25000071141

We have received your document for THE HEDGEHOGS LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "LC.," "Ltd.," and "Co."

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 625A00011023: FLORIDA

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2025 HAY 21 AM 9: 13 HEDGEHOG ONE LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) TALLAHASSEE FLORIDA The Articles of Organization for this Limited Liability Company were filed on $\frac{05/07/2025}{}$ and assigned Florida document number 1.25000218275 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 "LLC." 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 _

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.

City

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
			□ Add
			Remove
			☐ Change
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E. Effective date, if other that (If an effective date is listed, the date	n the date of filing:		(optional)	
Note: If the date inserted in t	the must be specific and cannot be properties block does not meet the appoint the Department of State's record	licable statutory filing requi	90 days after filing.) Pursu rements, this date will no	ant to 605.0207 (3) of be listed as the
f the record specifies a delayed ef ecord is filed.	Tective date, but not an effective	time, at 12:01 a.m. on the e	earlier of: (b) The 90th	day after the
May 20 Dated	2025			

5111 E 0550