207000099840

(F	Requestor's Name)
(/	Address)
(,	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(1	Business Entity Name)
(I	Document Number)
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COVER LETTER

TO: Registration Section
Division of Corporations

UBJECT: Hodge Management, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jessica Hodge

Name of Person

Hodge Management, LLC

Firm/Company

8770 Seminole Boulevard

Address

Seminole, FL 33772

City/State and Zip Code

hodgellc@tampabay.rr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Hodge

Name of Person

_813 \507**-**0506

Area Code & Daytime Telephone Number

Enclosed is a check for the 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 ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hodge Management, LLC		
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our remited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Co Florida document number L0700099840	ompany were filed on October 1,	2007 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and end with the word "L.L.C."	ls "Limited Liability Company," the de-	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
		F. 2
Enter new mailing address, if applicable:		THE REPORT OF THE PROPERTY OF
(Mailing address MAY BE A POST OFFICE BOX)		
		- 63 F D
B. If amending the registered agent and/or registered agent and/or the new registered office address		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Floride	a street address
	Enter Florida street address	
	City, 1	Florida 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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member Type of Action <u>Title</u> **Address** <u>Name</u> Remove Add Remove Add Remove Remove Remove Page 3 of 3

Filing Fee: \$25.00

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