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## **COVER LETTER**

	gistration Sec vision of Corp			100
CUDICAT.	-	oldings, LLC		
SUBJECT:			ited Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspor	ndence concerning this matter	to the following:	
		Edward Hopwood		
			Name of Person	
		Hopwood Holdings, LLC		
			Firm/Company	<del></del>
		2461 Enterprise Road, Suit	ec A	
			Address	
		Clearwater, FL 33763		
			City/State and Zip Code	
		edwardhopwood@gmail.com		
		E-mail address: (	to be used for future annual report noti	fication)
For further i	nformation co	oncerning this matter, please ca	all:	
Edward Ho	pwood		727 7919474 at ()	
	Name of	Person	Area Code Daytimo	e Telephone Number
Enclosed is	a check for th	e following amount:		
□ <b>\$</b> 25.00 l	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

17 JUL 24 AM 9: 5%

Hopwood Holdings, LLC

(Name of the Limited Liability Company as it now appears on our records, SSEE SLOWDA (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability		and assigned
Florida document number L08000014440	·	
This amendment is submitted to amend the following	;	·
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "l	Limited Liability Company," the designation "LLC" or o	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		iter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	Zip Code
	City	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 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:

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Stephen A. Hopwood	2429 Foxhead Way	
		Clearwater, FL 33759	■ Remove
			Change
AMBR	F. Elizabeth Hopwood	2429 Foxhcad Way	
		Clearwater, FL 33759	Remove
			Change
			Add
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ffective date, if other than the an effective date is listed, the date mustote: If the date inserted in this blocument's effective date on the D	ock does not meet the applicable statutor	(optional)  ng or more than 90 days after filing.) Pursuant to 605.0207  y filing requirements, this date will not be listed as
e record specifies a delayed The 90th day after the rec		tive time, at 12:01 a.m. on the earlier o
ated July 20	. 2017	
Ad Line	Signature of a member or authorized represe	

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Filing Fee: \$25.00