

LO9000021464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOOSFIVE 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:

Guillermo Ciudad Real
(Name of Person)

Hoostive LLC
(Firm/Company)

8256 Exchange Drive Suite 234
(Address)

Orlando, Florida 32809
(City/State and Zip Code)

For further information concerning this matter, please call:

Guillermo Ciudad Real at (407) 624 - 4590
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

HOOSFIVE LLC

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

The Articles of Organization for this Limited Liability Company were filed on 08/04/2009 and assigned Florida document number L09000021464.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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

(City)

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SECRETARY OF STATE
TALLAHASSEE, 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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

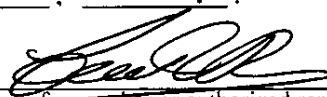
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>CIUDAD REAL, GUILLERMO</u>	<u>VIP2740, 7801 NW 37th Street</u> <u>DORAL, FL, 33166 US</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> <u>Remove</u>
<u>MGR</u>	<u>ROBERTO, GALINDO</u>	<u>8609 LEE LAND ARCHER BLVD</u> <u>ORLANDO FL, 32836 US</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> <u>Remove</u>
<u>MGR</u>	<u>ROXANA, GALINDO</u>	<u>8609 LEE LAND ARCHER BLVD</u> <u>ORLANDO FL, 32836 US</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> <u>Remove</u>
<u>MGR</u>	<u>IVY, ESCALANTE</u>	<u>VIP 2740, 7801 NW 37th STREET</u> <u>DORAL FL, 33166 U.S.</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> <u>Remove</u>
			<input type="checkbox"/> Add <input type="checkbox"/> <u>Remove</u>
			<input type="checkbox"/> Add <input type="checkbox"/> <u>Remove</u>

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated MARCH 13th, 2009.


Signature of a member or authorized representative of a member

Guillermo Ciudad Real
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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