

LO90000 86985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

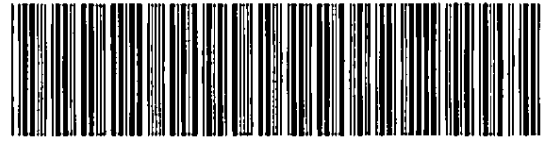
(Business Entity Name)

(Document Number)

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CORPORATION  
20 OCT --9 AM 11:03

*Amend*

*10/19/20*

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HOPS HANDS ON Problem Solving  
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:

Adeh Partho-Locke  
Name of Person

Hops Hands On Problem Solving LLC  
Firm/Company

206 Hideaway Ct.  
Address

MINNEOLA, FL 34715  
City/State and Zip Code

alocke8@CFL.VK.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adeh Partho-Locke at (352) 988-7252  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount: (I already sent money in)

- \$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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
20 OCT -9 AM 11:03

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

HOPS HANDS ON PROBLEM SOLVING LLC.  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

20 OCT 19 4 41 PM '03  
SECRETARY OF STATE  
STATE OF FLORIDA

The Articles of Organization for this Limited Liability Company were filed on in file and assigned  
Florida document number LO9000086985

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A  
The new name must be distinguishable and contain 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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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: Adele Partho-Loeke

New Registered Office Address: 206 Hideaway Ct.  
Enter Florida street address

Some

MINNEOLA, Florida 34715  
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.

Adele Partho-Loeke  
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:

3

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Adel Partho-Locke	206 Hideaway Ct. Minneapolis, FL 34715	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Adel Partho-Locke		<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change to MGRM
MGRM	Daniel K. Locke		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Deleted - paperwork previously sent <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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

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*Seemingly Recorded Don's request Removal  
8-12-2020*

E. Effective date, if other than the date of filing: July 12, 2020 (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated Oct 9, 2020

*Adel Partlo-Locke*  
Signature of a member or authorized representative of a member

Adel Partlo-Locke  
Typed or printed name of signee