

LO90000 86985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

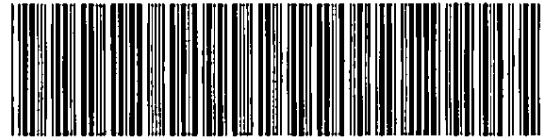
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05/12/20 10:00:00 AM \$25.00

FILED
CLERK OF STATE
CORPORATION
20 OCT -9 AM 11:03

Amend

10/9/20

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

alacke8@CFL.net.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)

- | | | | |
|---|--|--|--|
| <input 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

20 OCT -9 AM 11:03

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

**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)

FILED
CLERK OF COURT
20 OCT -9 AM 10:03
STATE OF FLORIDA

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

Florida document number LO9000086985

N/A on file
Fel/GIN
27-1019515

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-LOCKE

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-LOCKE
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 Change to MGRM <input checked="" type="checkbox"/> Change
MGRM	Daniel K. Locke		<input type="checkbox"/> Add deleted - paperwork previously sent <input checked="" 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Seenberg Recorded Don's request
8-12-2020

(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)

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

Al Porto Locke

Signature of a member or authorized representative of a member

Adel Partlo-Locke
Typed or printed name of signee

Typed or printed name of signee

Filing Fee: \$25.00