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COVER LETTER

Division of Co	rporations			
SUBJECT:	J. F. Hoff L	14C ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Jack F	HoFF Name of Person		
	J.F. Hoff	Firm/Company		
	1798 YANK	er Clopper Rus	<u> </u>	
	,	AGES FL 32162 City/State and Zip Code 28 QUALL Co to be used for inture annual report notit		
	JFHoFH E-mail address: 1	280 GINAIL - Co	OM fication)	
	concerning this matter, please of	all: ar (<u>772_) 631- 0</u>	3028 E E	
	of Person	Area Code Daytimo	e Telephone Number	و د و ا المراجع المرجعة
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)	

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on Dec. 22 JOD and assigned Florida document number LO 9 000 1216 44. 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 registere agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Emer Florida street address Florida City Zip Code New Registered Agent's Signature, if changing Registered Agent:	(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". 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 registere agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida Tip Code	The Articles of Organization for this Limited Liability Company were filed on	
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(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 registere agent and/or the new registered office address here: Name of New Registered Agent:		225
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Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Zip Code	maning waters military of the property	
New Registered Office Address: Enter Florida street address Florida City Zip Code	agent and/or the new registered office address here:	cords, enter the name of the new registere
Enter Florida street address	Name of New Registered Agent:	
Florida City Zip Code	New Registered Office Address:	
·	Enter Flori	da street address
·		Florida
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
	New Registered Agent's Signature, if changing Registered Agent:	

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
<u>MGR</u> M	ELEANOR N WARD	8411 BRYANT Rd LAKELAND, FL 33809	X\dd
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Jack JACK	~ / /	11	1000	11					

Filing Fee: \$25.00