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(Document Number)

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TALLAHASSEE, FLORIDA

S. WARREN

JAN 03 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HOT4EVER 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:

Erik Mishiyeu

Name of Person

Hot4ever LLC

Firm/Company

PO BOX 21272

Address

TAMPA/FL 33622

City/State and Zip Code

erikmishiyeu@gmail.com

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Boris Mishiyeu

Name of Person

845 342-8855
at (_____) _____
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

Hot4ever LLC

The Articles of Organization for this Limited Liability Company were filed on 02/10/2007 and assigned Florida document number L10000016092.

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4504 W Spruce St

Suite 604

Tampa, FL 33607

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, Florida

Cin

Zip Code

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

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Boris Mishiyeu	369 Route 211 E.	<input checked="" type="checkbox"/> Add
		Middletown, NY 10940	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	David Mishiyeu	369 Route 211 E	<input checked="" type="checkbox"/> Add
		Middletown, NY 10940	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Daniel Mishiyeu	369 Route 211 E	<input checked="" type="checkbox"/> Add
		Middletown, NY 10940	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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.


Signature of a member or authorized representative of a member

Erik Mishiyev
Typed or printed name of signee

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