

L13000053700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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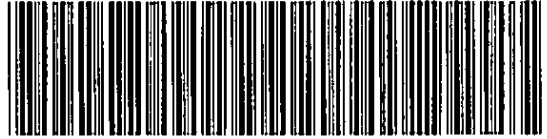
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Hop Haven Inflatables L.L.C
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

Gonzalo Arriaga
Name of Person

Firm/Company

2312 Kenwick Dr. Valrico, FL 33596
Address

Valrico, FL 33596
City/State and Zip Code

thehophaven@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gonzalo Arriaga at (813) 928-3041
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

The Hop Haven Inflatables 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 4/12/2013 and assigned
Florida document number L13000053700

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 "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

Charles W Wigand III

New Registered Office Address:

2508 Savannah Dr.

Enter Florida street address

Plant City

City

Florida

33563

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.


If Changing Registered Agent, Signature of New Registered Agent

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Gonzalo G. Arriaga	2312 Kenwick Dr.	<input type="checkbox"/> Add
		Valrico, FL 33596	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Teresa M. Arriaga	2312 Kenwick Dr.	<input type="checkbox"/> Add
		Valrico, FL 33596	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Charles W. Wigand III	1009 Fairwinds Cir. Apt. 104	<input checked="" type="checkbox"/> Add
		Plant City FL 33583	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Joshua B. Murray	2934 W Campbell Rd.	<input checked="" type="checkbox"/> Add
		Lakeland FL 33810	<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

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(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)

Filing Fee: \$25.00