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T. HAMPTON

COVER LETTER

TO:

	gistration Section vision of Corporation	as		
SUBJECT	Hoovercon Ma	nagement LLC		
SUBJECT		Name of Limite	d Liability Company	
The enclose	ed Articles of Amendn	nent and fee(s) are subm	itted for filing.	
Please retui	n all correspondence	concerning this matter to	the following:	
	Tyl	er Hoover		
			Name of Person	
	Ho	overcon Managem	ent LLC	
			Firm/Company	
	161	16 N Swinton Ave		
			Address	
	De	lray Beach, FL 334	44	
	tylei	rjhoover@aol.com	City/State and Zip Code	
		E-mail address: (to	be used for future annual report	notification)
For further	information concerning	ng this matter, please call	:	
Tyler Ho	over		561 86016	63
	Name of Person			ytime Telephone Number
Enclosed is	a check for the follow	ying amount:		
\$25.60		0.00 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 AD Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction rporations	Registration So Division of Co Clifton Buildin	rporations ng e Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hoovercon Management, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records. ted Liability Company)	.)
The Articles of Organization for this Limited Liability Comp.	any were filed on July 3, 2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	iability company here:	
Tycon Management, LLC		
The new name must be distinguishable and end with 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)	15 17 17 17 17 17
Enter new mailing address, if applicable:		CARANA - 2 F
(Mailing address MAY BE A POST OFFICE BOX)		
		: 28 STATE LORID
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Floriða street address	
<u></u>	, Flor	
	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Add
			Remove
			□ Add
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			Add ACE Remare The
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			□ Add
			□ Remove

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date this document is filed by the I	Florida Department of State)	
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Page 3 of 3

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