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(Requestor's Name)  (Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE
TALLAMASSEE, FLORE

# **COVER LETTER**

FO: Registration Sect Division of Corpo			
SUBJECT:	Hippo Hooray Name of Links	A Liability Company	<del></del>
The enclosed Articles of Ar	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	lence concerning this matter to	o the following:	
į	Drischa	Gillianel	
		Name of Person	
	[trops	Firm/Company	
		T in the Company	
	890 M	Address	
	Miani.	Gardens H 3310 City/State and Zip Code	e G
	No hora	of used for future funnual report notificat	ion)
For further information con	cerning this matter, please cal	l:	
Drech	Gilliad	at (186) 603-82	<u>D</u>
Name of P	erson	Area Code Daytime Te	lephone 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Hinno Hoon	Laid UC.
Name of the Limite	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Li-	1. I
This amendment is submitted to amend the follo	wing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and end with the v	words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:
(Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE I	BOX)
B. If amending the registered agent and/or the new registered off	or registered office address on our records, enter the name of the new fice address here:
Name of New Registered Agent:	Drecha G. Marel
New Registered Office Address:	890 MD 213h Lang # 1075 = 177
	Michi Gaders, Florida 3369
New Registered Agent's Signature, if changing R	),, -p

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 = Manager

AMBR = Authorized Member

Title	Name Orscha Gilliand	Address 890 M.D. 213th Lare \$ 100 Miani Acadas H 3311	Type of Action  ☐ Add
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			□ Add □ Remove
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<del></del>	
- Effecti	ve date, if other than the date of filing:
The effe the date	ective date must be specific, cannot be prior to date or receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
Dated	Dotation 7th and
	<u>VC100 VC 1 , 2019</u>
"\	Muc David
\	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00

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