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COVER LETTER

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Vicki Healy		
		Name of Person	
	Vicki L Healy, CPA		
		Firm/Company	
	8695 College Pkwy Ste 11	56	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
		Address	
	Fort Myers FL 33919		
	vlhcpa@gmail.com	City/State and Zip Code	DESCRIPTION OF THE SECOND
		to be used for future annual report notif	Tication)
For further information of	concerning this matter, please c	all.	
Steven Hobson		239 785-8381 at ()	
Name o	of Person		: Telephone Number
Enclosed is a check for t	he 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

TO:

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

3 Hobsons Services, 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 04/23/2015 and assigned Florida document number L14000156377 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida __

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
AMBR	Samuel Hobson	1451 Touchstone Rd	Add
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n effect ste: If	ive date is listed, the da the date inserted in t	ite must be specific a his block does no	and cannot be pr t meet the ann	ior to date of filing licable statutory	or more than 90 days	after filing.) Pursuant to 605 s, this date will not be liste	020 d a
cumen	t's effective date on	the Department of	f State's recor	ds.	mig requirement	, this date will not be libte	
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ted	06/08		<u>2019</u>	-			
	1/: /	11/2	_	-			
					ative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00