[14000192538

(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		





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March 1, 2016

ERIC HOOPER 16297 CORTEZ BLVD BROOKSVILLE, FL 34606 US

SUBJECT: HOOPERS CONCRETE & BLOCK, LLC

Ref. Number: L14000192538

We have received your document for HOOPERS CONCRETE & BLOCK, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 016A00004231

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

COVER LETTER

Division of Corporations								
SUBJECT: Hoopers Concrete & Block, 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:								
Eric Hooper Name of Person								
Hoopers Concrete & Block								
16297 Les Cortez Blvd. Address								
Brooksville, FL 34601 City State and Zip Code								
hoopers concrete @ amail. com E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Elise Parker at (352) 777-4986 Name of Person Area Code Daytime Telephone Number								
Enclosed is a check for the following amount:								
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$ \$\times \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\$\$ \$Certified Copy (additional copy is enclosed)\$\$\$ \$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

	ncrete 3 ed Liability Company as (A Florida Limited Liabili	Block L it now appears on our record	$L_{ds.}$	_	
The Articles of Organization for this Limited Life Florida document number	ability Company were	filed on 12/14	114 and	d assigne	∘d
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited liability	company here:			
The new name must be distinguishable and contain the w Enter new principal offices address, if applic (Principal office address MUST BE A STREE	able:	ompany," the designation "LLC	O" or the abbreviation	n "L.L.C.'	,
Enter new mailing address, if applicable:			2 75 2 00 0 0	16	
(Mailing address MAY BE A POST OFFICE BOX)					* ** .
B. If amending the registered agent and/		address on our record	ls, enter the na	me of t	he new
registered agent and/or the new registered of	nce address nere:		100 (100 (100 (100 (100 (100 (100 (100	 යා	•
Name of New Registered Agent:	Elise	Parker	NA		
New Registered Office Address:		Enter Florida street addre.	ss		
		 ,	lorida	 	
	(City	Zip C	.oae	

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 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

Title Title **Name Address Type of Action** Elise Parker MGR Spring Hill, FL 34610 XAdd MGR Christing Finch 14459 Cody LN DAdd

Brooksvilk, FL 3460 (Remove _□ Change _□ Add ☐ Remove _□ Change □ Add ∵□ Remove □ Remove _□ Change □ Add □ Remove ☐ Change

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Filing Fee: \$25.00