L14000192538

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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11-11-21

COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

allo recor	Hoopers Co	oncrete & Block LLC	4	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Dawn Bullington		
			Name of Person	
		Hoopers Concrete & Block	k, LLC	
			Firm/Company	<u></u>
		16297 Cortex Blvd		
			Address	
		Brooksville, FL 3460		
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
		admin@hooperconcrete.com	in to be used for future annual report not	26
For further i	nformation c	en-mail address: (meaton
Dawn Bullir		P	352 515-5874	
	Name o	f Person		ne Telephone Number
			•	,
Enclosed is a	a check for th	ne following amount:		
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres		<u>Street Address:</u> Registration Se	ection
		orporations	Division of Co	
P.C	D. Box 632	7	The Centre of	Fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

iny as it now appears on our records.) Liability Company)	
were filed on <u>08/22/2014</u>	and assigned
pility company here:	
lity Company," the designation "LLC" or the ab	breviation "L.L.C."
16297 Cortez Blvd	
Brooksville, FL 34601	
address on our records, <u>enter the nam</u>	e of the new regi
Enter Florida street address	-
	$\overline{\zeta}$
, Florida	Zin Coder
<u> </u>	were filed on 08/22/2014 ility company here: htty Company," the designation "LLC" or the ab 16297 Cortez Blvd Brooksville, FL 34601 Enter Florida street address Florida

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 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
AR	Dawn Bullington	16297 Cortez Blvd	□ Adđ
		Brooksville, FL 34601	□ Remove
			■ Change
			🗀 Add
			□Remove
			Change
			□Add
			Remove
			☐ Change
			□Remove
<u>.</u>			□Add
			□Remove
			□Change
			
			□Remove

	
ective date, if other than the date of filing:	otional)
the effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a set. If the date inserted in this block does not meet the applicable statutory filing requirements, cument's effective date on the Department of State's records.	this date will not be listed
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of s filed.	(b) The 90th day after th
ed May 21 2021	
Daniel Bullington.	
Signature of a member or authorized representative of a member	

Filing Fee: \$25.00