# <u>L1500004537</u>

(Re	equestor's Name)	
(Ad	dress)	
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(Ci	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Ви	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

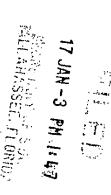




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## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 22, 2016

JARED CLARKE 1644 SW BILTMORE ST PORT ST LUCIE,

SUBJECT: HOOPTIE DEPOT LLC Ref. Number: L15000004537

We have received your document for HOOPTIE DEPOT 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):

Your document is being returned as requested.

To receive a refund, please submit a written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed.

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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 416A00027253

# **COVER LETTER**

Div	ision of Cor	-			
SUBJECT:		DEPOT LLC  Name of Lim	ited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:	<del>-</del>	1 B
		MANNY CARRION		ŕ	2011 JAN -3 PM 4: 22
			Name of Person		SEE SEE
		HOOPTIE DEPOT LLC			1
			Firm/Company		: 22 ORIGO
		1644 SW BILTMORE ST			V
			Address		
		PORT ST LUCIE FLORIE	DA .		
			City/State and Zip Code		
		INFO@HOOPTIEDEPOT.	COM to be used for future annual report not	ification)	
For further in	nformation c	oncerning this matter, please ca	<del>-</del>	meation	
MANNY CA	ARRION		772 340-6145 at ()		
	Name o	f Person	Area Code Daytim	ne Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &

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

HOOPTIE DEPOT LLC				
(Name of the Limited	d Liability Compa A Florida Limited I	ny as it now appears on our r Liability Company)	ecords,)	
The Articles of Organization for this Limited Lia	bility Company	were filed on 01/08/2015	and assigned	
Florida document number L15000004537	·			
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
	****			
The new name must be distinguishable and contain the wo	rds "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applica	ble:	1644 SW BILTMORE ST		
(Principal office address MUST BE A STREET ADDRESS)		PORT ST LUCIE FL 34984		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1644 SW BILTMORE PORT ST LUCIE FL 349	984	
B. If amending the registered agent and/o registered agent and/or the new registered off  Name of New Registered Agent:  New Registered Office Address:	ice address here	E:    Bilfmore St  Enter Florida street	SSEE FLO	
		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 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
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		PORT ST LUCIE FL 34984	Remove
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ote: If the date inserte	ed in this block does not a	meet the applicable statute	ory filing requirements, th	ais date will not be li	sted a
ocument's effective dat	te on the Department of S	State's records.			
	a delayed effective or the record is filed.	date, but not an effe	ctive time, at 12:01	a.m. on the ear	lier c
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<del> </del>	Signature of a	member or authorized repres	sentative of a member		
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Filing Fee: \$25.00