

L15000004537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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JAN 06 2017

Y SULKER



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

**TO: Registration Section
Division of Corporations**

SUBJECT: HOOPTIE DEPOT 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:

MANNY CARRION

Name of Person

HOOPTIE DEPOT LLC

Firm/Company

1644 SW BILTMORE ST

Address

PORT ST LUCIE FLORIDA

City/State and Zip Code

INFO@HOOPTIEDEPOT.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MANNY CARRION

772 340-6145
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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2017 JAN -3 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15

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

HOOPTIE DEPOT 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 01/08/2015 and assigned
Florida document number L15000004537.

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 "L.L.C."

Enter new principal offices address, if applicable:

1644 SW BILTMORE ST

(Principal office address MUST BE A STREET ADDRESS)

PORT ST LUCIE FL 34984

Enter new mailing address, if applicable:

1644 SW BILTMORE

(Mailing address MAY BE A POST OFFICE BOX)

PORT ST LUCIE FL 34984

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:

1644 SW Biltmore St port st Lucie FL 34984
Enter Florida street address
port st Lucie, Florida 34984
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>	<u>Address</u>	<u>Type of Action</u>
AMBR	LISSETTE CARRION	1663 SW BILTMORE ST	<input type="checkbox"/> Add
		PORT ST LUCIE FL 34984	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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ALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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ALLAHASSEE, FLORIDA

17 JAN -3 PM 1:47
 AMEMBASSY, F. LORNA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

Signature of a member or authorized representative of a member

Manuel Carrion
Typed or printed name of signee

Typed or printed name of signee