## L15000050131

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE
JUL 2 6 2022
Office Use Only

۲



05/20/22--01019--001 \*\*25.00



## **COVER LETTER**

TO:	<b>Registration Section</b>
	Division of Corporations

SUBJECT: Mini Materials LLC CHANGE NAME TO HOFPOL LLE

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:

Mathew Hofma

Name of Person

HOFPOL LLC

Firm/Company

2451 Worthington Rd

Address

Maitland, FL 32751

City/State and Zip Code

For further information concerning this matter, please call:

Enclosed is a check for the 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF T	0					
ARTICLES OF C	DRGANIZATION Esc B					
0						
Mini Materials LLC	DRGANIZATION F Intrasit now appears on our records.) Clability Company)					
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.)					
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000050131</u>	- on					
This amendment is submitted to amend the following:						
A. If amending name, <u>enter the new name of the limited liab</u> HOF POL LLC	ility company here:					
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."					
Enter new principal offices address, if applicable:	HOF POL LLC					
(Principal office address MUST BE A STREET ADDRESS)	2451 Worthington Rd					
	Maitland, FL 32751					
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>					
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

Florida \_

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

. .

## MGR = Manager

.

AMBR = Authorized Member

.

<u>Title</u>	Name	Address	Type of Action
			🗆 Add
		,	
		u	
			[] Add
			[]Change
			🗆 Add
			Change
			🗆 Add
			Change
<u> </u>			[]Add
			Change
			🗆 Add
			🛛 Remove
		****	

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

				· · · · · · · · · · · · · · · · · · ·		
				· · · · · · · · · · · · · · · · · · ·		
				· · · · · · · · · · · · · · · · · · ·		
				· · · · · · · · · · · · · · · · · · ·		
				· · · · · · · · · · · · · · · · · · ·		
				· · · · · · · · · · · · · · · · · · ·		
				· · · · · · · · · · · · · · · · · · ·		
				· · · · · · · · · · · · · · · · · · ·		
	· · · · · · · · · · · · · · · · · · ·					
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			
			· · · · · · · · · · · · · · · · · · ·			
			· · · · · · · · · · · · · · · · · · ·			
					<u></u>	
						. <u> </u>
	5/24/2022			6		
<b>Tective date</b> , if other than the date of lift an effective date is listed, the date must be specific at	ig:id cannot be prior to	date of fili	ing or more th	(OPHO han 90 days after	onar) filing ) Pursuant to	605 0207
ffective date, if other than the date of filir an effective date is listed, the date must be specific an <u>ote:</u> If the date inserted in this block does not	meet the applicab	ole statuto:	ry filing rec	quirements, this	date will not be	listed as
ocument's effective date on the Department of	State's records.					
record specifies a delayed effective date, but no	a un affastiva tim	a at 12:0	)lam on th	ao earlier of: (b)	) The Oftic day	ufter the
l is filed.	stan enceuve un	e, at 12.0	n a.m. on u	le camer of. (0,	) The sour day	anci inc
is med.						
May 17	2022					
ated May 17		_ ·				
61-						
22						
Signature of a	member or authori	zed repres	entative of a	member		-

Typed or printed name of signee

Filing Fee: \$25.00