## L15000090498

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(Ad	dress)	
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Office Use Only



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## **COVER LETTER**

**Registration Section** 

Tallahassee, FL 32314

TO:

Division of Cor	porations ,	•	
HoffsTech.	LLC		:
SUBJECT:	Name of Lim	ited Liability Company	<del> </del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Shelley K Benhoff		
		Name of Person	<del> </del>
	HoffsTech, LLC		
	-	Firm/Company	
	39873 HIGHWAY 27 SUI	TE 233	
		Address	
	Davenport, FL 33837		
		City/State and Zip Code	
	shelley@hoffstech.com		
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	oncerning this matter, please ca	all:	
Shelley K Benhoff		407 2024690 at ( )	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	ation.
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HoffsTech, LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records. d Liability Company)	)
The Articles of Organization for this Limited Liability Compar	ny were filed on 05/04/2015	and assigned
Florida document number L15000080498		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC"	or the abbreviation "L,L,C,"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	,	
Enter new mailing address, if applicable:		
•		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter th</u>	ie name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flor	-ida
	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 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

MOK	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jennifer Bowman Daniszewski	39873 HIGHWAY 27 Suite 233	
		Davenport, FL 33837	<b>≡</b> Remove
			☐ Change
		<del></del>	□Add
			□Remove
		<del> </del>	□ Change
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			Remove
			☐ Change

D. If amending any other i	information, enter change(s) here: (Attach additional sheets, if necessary.)
-	<u> </u>
	07/01/2022
<b>Note:</b> If the date inserted	than the date of filing:
If the record specifies a delayed record is filed.	d effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated July 26	
	Signature of a member or authorized representative of a member
Shelley K Bent	
	Typed or printed name of signce

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