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## **COVER LETTER**

Divi	sion of Corpo	orations		
SUBJECT:	3200 Hoylake	e, LLC		
			ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspond	lence concerning this matter	to the following:	
		Curtis L Dokken		
			Name of Person	
			Firm/Company	
		3304 Pebble Beach Dr		
			Address	<del></del>
		Lake Worth, FL 33467		
			City/State and Zip Code	
		carae@mybluelight.com		
		E-mail address: (	to be used for future annual report notific	cation)
For further in	formation con	cerning this matter, please ca	all:	
Curtis L Dok	ken		561 282-8434 at ()	
	Name of P	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 Fi	iling 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)

TO:

**Registration Section** 

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

3200 Hoylake, LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L15000090505	were filed on May 21, 2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:
Hoylake Investments, LLC	
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:	3304 Pebble Beach Dr.
(Principal office address MUST BE A STREET ADDRESS)	Lake Worth, FL 33467
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	3304 Pebble Beach Dr.  Lake Worth, FL 33467
3. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agrownsions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
100	SE DE LA COLLEGE
II Cha	nging Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	<u>.                                    </u>	<u> </u>	Add
			☐ Remove
			Change
			Add
			□ Remove
			Change
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			REMOVE  Change

amending any other information,	enter change(s) here: (Attach additional she	eets, if necessary.)
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ective date, if other than the date	of filing:ecific and cannot be prior to date of filing or more than	(optional)
neffective date is listed, the date must be sp te: If the date inserted in this block do nument's effective date on the Departr	oes not meet the applicable statutory filing requir	90 days after filing.) Pursuant to 605.020 rements, this date will not be listed a
sament's effective date on the Depart	nent of state a feedids.	
record specifies a delayed effe the 90th day after the record i	ective date, but not an effective time, a s filed.	at 12:01 a.m. on the earlier of
October 20	2015	
ed Can DM/		
Signa	ture of a member or authorized representative of a mer	mber
Curtis L. Dokken		
	Typed or printed name of signee	
	Page 3 of 3	A D
	Filing Fee: \$25.00	STATI SRIFT