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ECRETARY OF STATE

AHASSEF FLORING

S Warren APR 0 4 2017

COVER LETTER

TO: Registration Section Division of Corporation		\$.jr	
SUBJECT:	e hoppy de	own LLC	*
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of Ame	endment and fee(s) are subi	mitted for filing.	
Please return all corresponder	nce concerning this matter	to the following:	
-	Mano	G Maniera Name of Person	
-	the ho	Maniera Name of Person PPI Clown UC Firm/Company	
	3535	NE 2nd Ake	
		FL 33137 City/State and Zip Code	
		o be used for future annual report notific	
For further information conce	erning this matter, please ca	ıll:	
Mano G M	an'era	at (<u>786</u>) <u>247 - 9</u> Area Code Daytime T	1792
Name of Fe	3011	Alea Code Daytille	exeptione Number
Enclosed is a check for the fo	llowing amount:		
\$25.00 Filing Fee E	330.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The hoppy Cha	110 //C		
(Name of the Limited Liability Cor	mpany as it now appea	rs on our records.)	
(A Fiorida Limit	ted Liability Company)	1 1	
The Articles of Organization for this Limited Liability Compa	any were filed on	06/10/15	and assigned
Florida document number <u>L150001002</u> .		• •	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company h	<u>ere</u> :	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the c	designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		
		·· ···································	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
D If	ce		41
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		our records, enter	ne name of the new
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Flo	rida street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent of	ete performance of as provided for in (my duties, and I am fo Chapter 605, F.S. Or,	amiliar with and if this document is
being filed to merely reflect a change in the registered off	ice address, I here	by confirm that the lim	ited Liability
company has been notified in writing of this change.		2.2 第2 3.2	
			č w m
IFC	hanging Registered A	gent, <u>Signature of New Res</u>	risterë 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 = At	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Mana D Miguez	2655 Collins Ave APT 407 Miami Beach FL 33140	Add
	V	Miami Beach FL 33140	Remove
			Change
			□ Add
			Remove
			Change
			□ Add
		 	Remove
			_□ Change
			🗀 Add
		·	_□ Remove
			Change
			□ Add
			_ Remove
		- <u>8</u>	Change T
		SSEE O	
			T-Ds
		D"	Chance

D. II am	Iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	We just need to remove Maria Do Miguez	
	from the LLC. That's the only change	
•;		
(If an ei Note:	ve date, if other than the date of filing:	(3)(b the
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.	:
Dated	· ////////////////////////////////////	
	Signature of a member of authorized representative of a member	
	Mand Manjera Typed or printed name of signee	
	Page 3 of 3	:
	Filing Fee: \$25.00	