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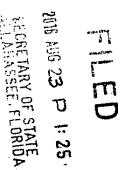
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COVER LETTER

TO:	Registrate Division of			. :	•
CUDIE	НОҮ	ER REA	L ESTATE MANAGEMEN	NT SERVICES, LLC	
SUBJE	C1:		Name of Lim	ited Liability Company	
The enc	losed Artic	les of Ar	nendment and fee(s) are sub	mitted for filing.	
Please r	eturn all co	rrespond	ence concerning this matter	to the following:	
			Edward J. McCormick, Jr.		
				Name of Person	
			Edward J. McCormick, P.	A .	
				Firm/Company	
			111 SW 3rd Street, Pentho	use	
				Address	
			Miami, Florida 33130		
				City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
			ejmjr@mccormickllp.com		
				to be used for future annual report	notification)
For furt	her informa	ation con	cerning this matter, please co	all:	
Edward	l J. McCorr	nick, Jr.		305 358-8600 at ()	0
	1	Name of P	erson		ytime Telephone Number
Enclose	ed is a checl	k for the	following amount:		
\$25	.00 Filing I	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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOYER REAL ESTATE MANAGEMENT SERVICES, 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 $\frac{05/16/2016}{1}$ ____ and assigned Florida document number L16000095743 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: HOYER CONSULTING, LLC 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: (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 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: Enter Florida street address , Florida

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 Me 	ember	

<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			Change
			Remove
			Change
			□ Remove
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			Add
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			Change
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	n, enter change(s) here: (Attach additional		
			
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Note: If the date inserted in this block document's effective date on the Department.	e specific and cannot be prior to date of filing or more does not meet the applicable statutory filing rearment of State's records.	equirements, this date will not b	be listed as the
) The 90th day after the record	d is filed.	,	
Dated August 19	2016		
11/1		2015	
- /// Mari	gnature of a member or authorized representative of a	a member	
Edward J. McCormick, Jr.	- Authorized Signatory	TARY ASSE	<u>.</u>
	Typed or printed name of signee	of S	†]
	Page 3 of 3	l: 25 STATE ORIDA	4 para 14.
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Filing Fee: \$25.00