

L11000204127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

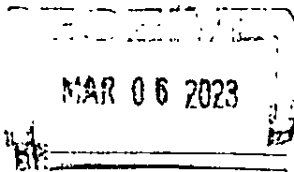
MAIL

(Business Entity Name)

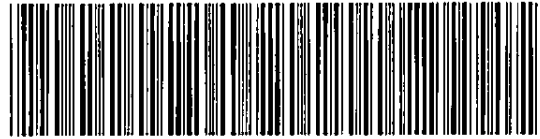
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

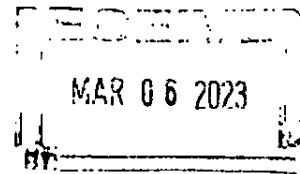


Office Use Only



500403675055

CLERK OF THE COURT 900...



5/3/23  
V.M.

2023 MAR -6 AM 9:34  
CLERK OF THE STATE  
JANET MASSE, FL.

FILED

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Florida Hop Growers, LLC

\_\_\_\_\_  
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:

Leonard Gude

\_\_\_\_\_  
Name of Person

Florida Hop Growers, LLC

\_\_\_\_\_  
Firm/Company

2426 Blind Pond Ave

\_\_\_\_\_  
Address

Lutz, FL 33549

\_\_\_\_\_  
City/State and Zip Code

lgude01@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leonard Gude

813 785-4463  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

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

**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 Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Maribel Gude	2426 Blind Pond Ave	<input checked="" type="checkbox"/> Add
		Lutz, FL 33549	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Theodore Gude	14335 Scharber Road	<input type="checkbox"/> Add
		Dade City, FL 33525	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jonathan Gude	4437 Tour Trace	<input type="checkbox"/> Add
		Land O Lakes, FL 34638	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kevin Gude	4605 SW 48th Dr Apt 153	<input type="checkbox"/> Add
		Gainesville, FL 32608	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**