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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HOPPY'S Fab Shop 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:
William T. Hopkins
Hoppy's Fab Shop LCC
33501 Prospect Rd.
Dacke City, Fl. 33595 City/State and Zip Code Nappys Pals Shop & Smail, Com Hermit address: (to be used for future annual reportantification)
For further information concerning this matter, please call:
Billy Hopkins (williant) at (813), 714-4911 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& \Bigcup \\$55.00 Filing Fee \& \Bigcup \\$60.00 Filing Fee. Certificate of Status \& \Bigcup \{\text{certified Copy (additional copy is enclosed)}} \Bigcup \Bigcup \{certified Copy (additional copy is encl

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

Hoppy's	Fab	Shop, L	·LC
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited	<u>any as it now appears on</u> Liability Company)	our records.)
The Articles of Organization for this Limited Liab Florida document number <u>L17000062</u> 0		were filed on <u>Ma</u>	rch 20,2017 and assigned
This amendment is submitted to amend the follow	/ing:		
A. If amending name, enter the new name of the NA A The new name must be distinguishable and contain the work			
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET)	ole:	Mity Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NIA	17 HA
B. If amending the registered agent and/or registered agent and/or the new registered office	registered o	ffice address on ou e:	r records, enter the hand of the new
Name of New Registered Agent:	NA		30A
New Registered Office Address:		Enter Florida s	treet address
			, Florida
		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 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>	Address	Type of Action
AR AMBR)	Amy M. Hopkins	33501 Prospect Rd. Dade City, F1. 33525	🗀 Add
AMBR)		Dade Cil, Fl. 33525	Remove
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		***************************************	Change
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	n.		□ Remove
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	other information. am T. H Hoppy's Fa						tor
<u>OF</u>	Hoppy's Fo	ib Shop	p,LLC	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_
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If an effective date is line Note: If the date in	other than the date isted, the date must be s isserted in this block d we date on the Depart	pecific and cannot l does not meet the	be prior to date of fi applicable statute	ling or more that	(option 190 days after fil rements, this d	ing.) Pursuant to 60	05.0207 sted as
	ies a delayed eff after the record		out not an effe	ctive time,	at 12:01 a.r	n. on the earl	lier of
Dated <u>May</u>	- 25 Sign	.201	7 Halloriza repre) sentative of a m	ember		
	l	William	T. Hop	Kins			

Page 3 of 3

Filing Fee: \$25.00