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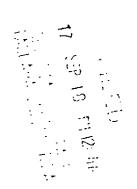
(Requestor's Name)	
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### **COVER LETTER**

TO:	Registratio Division of			,								
SUBJE	CT:	Lo	ts of	Hop	LL LL	.C		_				
				Name c	Limited Li	ability Comp	any			-		
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The end	closed Article	s of Ame	ndment and	i fee(s) ar	 e submitted 	for filing.						
Please i	return all corr	esponder	ice concern	ing this m	atter to the	following:						
		_		Josh	- )G \	JB	oyce					
						Name of Per	son					
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For furt	her informati	on conce	rning this n	atter, ple	 ase call: 					• .		
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	Nai	me of Pers	son			Area Co	de Da	aytime Tele	phone Numb	oer	. :	77
Enclose	d is a check f	or the fo	lowing ame	ount:							••	<del></del> -
<b>⊠</b> \$25	.00 Filing Fe	e C	l \$30.00 Fil Certifica	ing Fee & te of Stati		S55.00 Filir Certified C tadditional co			Certific	Filing Fee cate of Sta ed Copy nal copy is e	itus &	
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## ARTICLES OF AMENDMENT TO

### ARTICLES OF ORGANIZATION

Lots of	tope LLC	
(Name of the Limite	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	<del></del>
	ability Company ware filed on 8/14/17	and assigned
Florida document number $470001734$	<del></del>	and assigned
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREE)	(ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE E	<u></u>	
B. If amending the registered agent and	r registered office address on our records, ent	er the name of the ne
registered agent and/or the new registered off	ice address here:	
		ري
Name of New Registered Agent:		<u> </u>
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 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 or removed	Authorized Person(s) authorized to from our records:	o manage, <u>enter the title, name, an</u>	d address of each person being added
MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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' If amending any other information, ent	er change(s) here: (Attach additional sheets, if necessary.)
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mee at the second of the second	<u> </u>
Effective date, if other than the date of f	c and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020
Note: If the date inserted in this block does redocument's effective date on the Department	meet the applicable statutory filing requirements, this date will not be listed a qf State's records.
he record specifies a delayed effectiv The 90th day after the record is fil	ve date, but not an effective time, at 12:01 a.m. on the earlier $\alpha$
the section day after the record is in	
Dated	<u>M. 4</u> .
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Signarujo	of a member or authorized representative of a member
/ 7	T Que
	Syc J Bycl Typed or printed name of signee
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Page 3 of 3

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