# Florida Department of State Division of Corporation Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC
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Phone : (888)462-3453
Fax Number : (877)919-2613

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: EFILE1234@INCFILE.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HOTWORX UF, LLC

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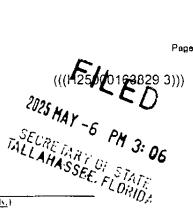
MAY - 7 2025

### **COVER LETTER**

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TO: Registration S Division of Co					
HOTWOR	X UF, LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	LOVETTE DOBSON				
	***************************************	Name of Person			
		Firm Company	<del></del>		
	17350 STATE HWY 249	STE 220			
		Address			
	HOUSTON, TX 77064				
	EFILE1234@INCFILE.CO	City/State and Zip Code			
	E-mail address: (	to be used for future annual report not	ification)		
For further information c	oncerning this matter, please c	all:			
LOVETTE DOBSON		1 888-462-34.	53		
Name o	f Person	at ()	ne Felephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ So0.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Se	ection		
Division of Corporations		Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
rairanassee,	1 L JEJ 14		Tallahassee, FL 32303		

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



#### HOTWORX UF, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Lim	nicd Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number $\frac{L17000243750}{L17000243750}$ .	pany were filed on 11/28/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
HX UF LLC	
The new name must be distinguishable and contain the words "Limited I	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	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
agent and/or the new registered office address here:	fice address on our records, <u>enter the name of the new registered</u>
New Registered Office Address:	Enter Florida street address
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Ag	•
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp	— agree to act in this capacity. I further agree to comply with the dete performance of my dutics, and I am familiar with and as provided for in Chapter 605, F.S. Or, if this document is
If	Changing Registered Agent, Signature of New Registered Agent

Page: 4/5

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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 = \ A AMBR = \ Z	oranager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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			TO BE
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reffective date is listed, the date must be stee. If the date inserted in this block cument's effective date on the Depart	pecific and cannot be prio loes not meet the appli	r to date of filing or i cable statutory fili	more than 90 days after f	iling.) Purseand to 605.	0207 (3 ዘይ፤ d as the
cord specifies a delayed effective dat s filed.	e, but not an effective t	time, at 42:01 a.m.	on the earlier of: (b)	The 90th day after	the
ed	2025	<u>.</u>			
	nture of a member or and	1			
Sign	nture of a member or and	orized representative	c+d'a member		
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