K18000039182

(Requestor's Name)	
(Address)	
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(Document Number)	
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: HOQ	Amarel LLC.		
111000	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	André	Davis Name of Person	2
		Name of Ferson	021 TA
	HOQ	Apparel LLC.	ER SEP
		Firm/Company	
	791	19 Shalom Way	2021 SEP 30 PM 2: 08 SECRETARY OF STATE TALLL/HASSEE, FL
			74 10.5
		Milton, FL 325	§83
	. l •	City/State and Zip Code	
	Kelshaar E-mail address: (15 & Notmail . Con to be used for future annual report notion	fication)
For further information c	concerning this matter, please ca	all:	
Andre Du	VIS f Person	at (<u>850</u>) <u>450</u> -	1218 Mo 1218
Name e	n reison	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 500 Sectio
Mailing Addres Registration S		Street Address:	.d.:
Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOQ Apparel LLC.		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000039182</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
On the Plip side hand made expression. The new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability".	ty Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	same as current	
(Principal office address MUST BE A STREET ADDRESS)		
	2021 T. S.E.O.	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same as aurrentia 3	
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	F 0	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	Cily Zip Code	
hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as propeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is	

N/A

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
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lote: If the date inserted in	this block does not	meet the applicab	ole statutory filing	re than 90 days after requirements, thi	r tiling.) Pursua s date will no	nt to 605.0207 t be listed as
ocument's effective date o	n the Department of	State's records.				
record specifies a delayed is filed.	effective date, but no	ot an effective tim	ie, at 12:01 a.m. oi	the earlier of: (b) The 90th o	lay after the
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Filing Fee: \$25.00