## 118000048630

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## **COVER LETTER**

	tration Sec ion of Corp			
		ROUP LLC		
_		Name of Limit	ted Liability Company	
The enclosed :	Articles of A	unendment and fee(s) are subn	nitted for filing.	
Please return a	ill correspon	dence concerning this matter t	o the following:	
		MELANIE VAZQUEZ		
			Name of Person	<del></del>
		HOOKED GROUP LLC		
Firm/Company				
10802 SE ARIELLE TERRACE				
			Address	·•
TEQUESTA, FL 33469				
			City/State and Zip Code	
		YASSLORELLANA@GMA		50
			o be used for future annual report not	mication)
For further inf	ormation co	ncerning this matter, please ca	ll:	
YASSIRA OF	RELLANA		813 728-8432	
	Name of	Person	Area Code Daytir	ne Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 Fil	ing 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOOKED GROUP LLC		
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 2/23/18	and assigned
Florida document number L18000048630	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist		the name of the ne
registered agent and/or the new registered office addr	ress here:	_ B
Name of N. D. Complete		SECTION AND ADDRESS OF THE PARTY OF THE PART
Name of New Registered Agent:		- <del>20</del>
New Registered Office Address:	Enter Florida street address	<u> </u>
		PH (**)
	, Florida	Zip Cocoo.
	City -	7

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>	<u>Address</u>	Type of Action
MGR	MELANIE VAZQUEZ	10802 SE ARIELLE TERRACE	<b>=</b> Add
		TEQUESTA, FL 33469	☐ Remove
		<del></del>	☐ Change
			Remove
			☐ Change
<del></del>	<del></del>	<del></del>	Add
			□ Remove
			Change
			□ Remove
			☐ Change
			☐ Remove
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<del></del>			
			D nover
			FILED FILED OF COOPS STARY OF S

D. If amending ar	ıy other information, en	ter change(s) here:	(Attach additional)	sheets, if necessary.)	
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E. Effective date,	if other than the date of	filing:		(optional)	
Note: If the date	is listed, the date must be speci e inserted in this block does ctive date on the Departmer	not meet the applicat	odate of filing or more the ole statutory filing req	an 90 days after tiling.) Pu uirements, this date will	suant to 605,0207 (3 not be listed as the
was a will a war a w	save date on the Bepartmen	n or state a records.			
	cifies a delayed effect ay after the record is f		an effective time	, at 12:01 a.m. on	the earlier of:
Dated	2/28				18 ¥ <u>s</u>
	(M) 110	<u>-</u> . <u>2018</u> 1/12			HAR-
	Signatur	e of a member or author	ized representative of a r	nember	25 CO
YAS	SIRA ORELLANA				P
		Typed or printed	name of signee		

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Filing Fee: \$25.00