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## **COVER LETTER**

	gistration Sec vision of Corp			
		MARKET, LLC		
SUBJECT:		Name of Limi	ted Liability Company	<del></del>
The enclosed	d Articles of /	Amendment and fee(s) are sub-	mitted for filing.	
Please return	n all correspor	ndence concerning this matter	to the following:	
		Robert D Hoover		
			Name of Person	<del></del>
		B HOOVER MARKET LI	.C	
			Firm/Company	
		8270 Woodlawn Center Bl	vd	
			Address	
		Tampa FL 33614		
		bob@BHooverMarketLLC.	City/State and Zip Code com	
		E-mail address: (t	o he used for future annual report not	ification)
For further i	nformation co	oncerning this matter, please ca	all:	
Robert D H	oover		941 900-4050	
	Name of	Person	at () Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	e following amount:		
□ \$25.00 E	Filing 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 Tallahussee, 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

B HOOVER MARKET, LLC								
( <u>Name of the Limi</u>	(A Florida Limited I	my as it now appears on our records.) Liability Company)						
The Articles of Organization for this Limited L lorida document number	iability Company	were filed on 3/9/18	;	and assi	gned			
his amendment is submitted to amend the foll	lowing:							
. If amending name, enter the new name of	f the limited liab	ility company here:						
B HOOVER MARKET LLC								
he new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation "LLC" or	the abbrevia	ition "L.1.	C."			
Inter new principal offices address, if applic	cable:	8270 Woodland Center Blvd						
Principal office address MUST BE A STREET ADDRESS)		Tampa F1. 33614						
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		8270 Woodland Center Blvd Tampa FL 33614						
3. If amending the registered agent and registered agent and/or the new registered of	ffice address her	<u>e</u> :	nter the	name 2018 JL	of the			
Name of New Registered Agent:	Name of New Registered Agent:  8270 Woodland Center Blvd							
New Registered Office Address:	8270 Woodland			r the name	,			
	Tampa	Enter Florida street address Florid	la 33614	PM 4	: T			
		City		p Egde				

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.

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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		48	Remove	
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			Remove	
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E. Effective da	ite, if other than t	he date of filir	ng:			_ (optional)		
(If an effective of Note: If the	date is listed, the date n date inscrted in this	nust be specific ar block does not	id cannot be pri- meet the appl	or to date of filin icable statutor	g or more than 90 d filing requireme	lays after filing.) Pi ents, this date wi	ursuar 11 not	it to 605.02 be listed
	effective date on the							
	specifies a delay n day after the re			ot an effect	ive time, at 1	2:01 a.m. or	the	earlier
June -	4		2018					
Dated				•				
			Λ					

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Typed or printed name of signee

Filing Fee: \$25.00