## L18000 211946

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## **COVER LETTER**

TO: Registration Section **Division of Corporations** WYATT HOKE & ASSOCIATES, LLC SUBJECT: \_ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: WYATT HOKE Name of Person WYATT HOKE & ASSOCIATES, LLC Firm/Company 1060 HOMEWOOD BLVD J104 Address DELRAY BEACH, FL 33445 City/State and Zip Code WYATT.HORIZONPA@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: WYATT HOKE 699-5490 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee. ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WYATT HOKE & ASSOCIATES	S, LLC			
(Name of the Lim	ited Liability Compan (A Florida Limited Li	y as it now appears on o ability Company)	our records.)	
The Articles of Organization for this Limited I	Liability Company v	vere filed on 09/05/20	018	and assigned
Florida document number L18000211946	·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, <u>enter the new name o</u>	of the limited liabil	ity company here:		
The new name must be distinguishable and contain the	words "Limited Liabilit	y Company," the design	ation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	556 NW 16TH AVE	, BOCA RATON	I, FL 33486
Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		556 NW 16TH AVE	, BOCA RATON	I, FL 33486
				- ~
				<del></del>
B. If amending the registered agent and/or agent and/or the new registered office addresses	registered office ac	idress on our recor	ds, <u>enter the na</u>	ame of the new regis
gent and/or the new registered office additi	ess nere.			- <del>-</del> <del>0</del> <del>0</del>
Name of New Registered Agent:	WYATT HOKE			16 6 C
New Registered Office Address:	556 NW 16TH A			
		Enter Florida st	reet address	
	BOCA RATON		, Florida	33486
	<del> </del>	City	<del></del>	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

NEW Address:			
556 NW 16th Ave Boca Raton, FL 3		<del></del>	
Boca Ratos, FL 3	3486		
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fective date, if other than the date of filing: in effective date is listed, the date must be specific and o	annot be prior to date	of filing or more than 90 o	_ (optional) lays after filing.) Pursuant to 605.020
ote: If the date inserted in this block does not me ocument's effective date on the Department of Sta		itutory filing requirem	ents, this date will not be listed a
•			
ecord specifies a delayed effective date, but not a is filed.	n effective time, at	12:01 a.m. on the earli	er of: (b) The 90th day after the
	_		
ited June 137,	2021.		
101.821	yle		
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ated JUNE 15+  Signature of a me	ember or authorized re	epresentative of a membe	Γ