118000 246 438

(Re	equestor's Name)					
(Ac	idress)					
(Ac	ddress)	<u> </u>				
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Bu	usiness Entity Nam	ne)				
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						

Office Use Only



900333353829

88/26/19--01012--034 **25.00



Amend/Mam

SER O O TOTAL

COVER LETTER

Division of Corporations
Name of Limited Liability Company Requirest.
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Angela Lopez Name of Person
IAM HOT Joga LCC HOVES FOUCH HO
1276/ Westside Village COOP
Winderweig FL 34786
Email address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

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

signed
Juen (
<u> </u>
<u>ं</u> ं
gge la
of the ne

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>	Address	Type of Action
			□ Remove
			☐ Change
<u></u>			□ Add
			□ Remove
			☐ Change
			☐ Remove
			Change
			
			Remove
			Add
			□ Remove
			☐ Change
			☐ Remove
			☐ Chanec

		
		
 		
***.		
		
		
<u> </u>		
		
f an effective date is I Note: If the date in	other than the date of filing:	rsuant to 605.0207 not be listed as
	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on after the record is filed.	the earlier of
Dated Aug	.15 2019	
	angler Jopes	
	Signature of member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00