

118000 269514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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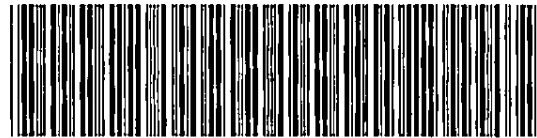
(Business Entity Name)

(Document Number)

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2019 JAN 25 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 12 2019

C. McNAIR

JAN 20 2019
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hoback, LLC.
Name of Limited Liability Company

2019 JAN 25 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melanie Barker
Name of Person

Hoback, LLC
Firm/Company

8365 SW 152nd PL
Address

Dunnellon, FL 34432
City/State and Zip Code

Hoback11c@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melanie Barker at (919) 888 3113
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$25.00 Filing Fee	<input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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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

2019 JAN 25 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Hoberk, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/19/18 and assigned
Florida document number L18000269514.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain: ~~THE NEW NAME MUST BE DISTINGUISHABLE AND CONTAIN:~~

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8365 SW 152nd PL

Dunnellon, FL 34432

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8365 SW 152nd PL

Dunnellon, FL 34432

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Melanie Barker

New Registered Office Address:

8365 SW 152nd PL

Enter Florida street address

Dunnellon

City

Florida

34432

Zip Code

~~THE NEW NAME MUST BE DISTINGUISHABLE AND CONTAIN:~~
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.

Melanie Barker
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
or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Sue Webb		Add
		2019 Bayside Dr, Mt Dora 32757	Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change

2). If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. At the very top center, there are some faint, small black marks that appear to be scanning artifacts or dust particles. The rest of the page is completely blank.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

Dated 12/30/18 .

Melanie Barker
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Melanie Barker

Typed or printed name of signee