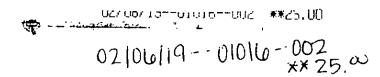
L 19000002505

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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LLC AMEND, 2-4-19 De-



January 23, 2019

CORRISSA M. MOORE 2098 SEMINOLE BLVD., UNIT 6212 LARGO, FL 33778

SUBJECT: THEHOTTSPOT LLC Ref. Number: L19000002505

We have received your document for THEHOTTSPOT LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

The current name of the entity is as referenced above. Please correct your document accordingly.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 619A00001626

COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|--|---|---|
| TheHottSp | | | |
| | | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Corrissa Moore | | |
| | | Name of Person | |
| | TheHottSpot LLC | | |
| | | Firm/Company | |
| | 2098 Seminole Blvd Unit (| 5212 | |
| | | Address | |
| | Largo, FL 33778 | | |
| | | City/State and Zip Code | |
| | Loudlifemarketing@gmail.e E-mail address: (| com to be used for future annual report notif | ication) |
| For further information c | concerning this matter, please ca | | |
| Corrissa M. Moore | | 540 325-3150 at () | |
| Name c | of Person | | : Telephone Number |
| Enclosed is a check for the | he following amount: | | |
| ■ \$25.00 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 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

| TheHottSpot LLC | |
|---|---|
| (<u>Name of the Limited Liability</u> (A Florida | y Company as it now appears on our records.) Limited Liability Company) |
| The Articles of Organization for this Limited Liability Co Florida document number L19000002505 | ompany were filed on 12/31/2018 and assigned |
| | _ - |
| 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 "Limit | ited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | ACC TO |
| (Principal office address MUST BE A STREET ADDR. | ESS) |
| | ASSO R |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| B. If amending the registered agent and/or regist registered agent and/or the new registered office addr | tered office address on our records, <u>enter the name of the new</u> ress here: |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | |
| <u>. </u> | . Florida Vin Coyla |

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 | Corrissa M. Moore | 2098 Seminole Blvd Unit 6212 Largo, FL 33778 | |
| | | | □ Remove |
| <u>MG</u> R | Robert A. Belkowski III | 2098 Seminole Blvd Unit 2303 Largo, FL 33778 | ■ Change |
| | | | Remove |
| | | | Change |
| | | | |
| | | Remove | |
| | | | Change |
| | | | |
| | | □ Remove | |
| | | - | Change |
| | | | |
| | | | □ Remove |
| | | | □ Change |
| | | | |
| | | | □ Remove |
| | | | Change |

| endment Number Two: Corrissa M. Moore is still a current registered agent with a 49% ownership TheHottSpot LLC". endment Number Three: "TheHottSpot LLC" is a veteran owned and operated LLC the State of Florida. |
|--|
| TheHottSpot LLC". endment Number Three: "TheHottSpot LLC" is a veteran owned and operated LLC |
| TheHottSpot LLC". endment Number Three: "TheHottSpot LLC" is a veteran owned and operated LLC |
| |
| the State of Florida. |
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| |
| date, if other than the date of filing: 12/28/2018 (optional) |
| we 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 605.0 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed is effective date on the Department of State's records. |
| d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier Ith day after the record is filed. |
| 29/2019 |
| |
| Signature of a member or authorized representative of a member |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00