

L19 0000 153 593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

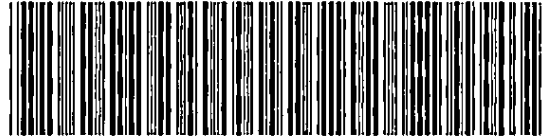
(Document Number)

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10/28/19--01023--030 \*\*25.00

2020 JAN -9 AM 11:01

FILED

C. GOLDEN

JAN 10 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HSOC LLC  
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:

Peter Zent  
Name of Person

HSOC LLC  
Firm/Company

2101 3rd Ave South Suite 6  
Address

St. Petersburg, FL 33712  
City/State and Zip Code

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

For further information concerning this matter, please call:

Peter Zent at (813) 523-5812  
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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 27, 2019

PETER ZENT  
2101 3RD AVENUE SOUTH  
SUITE 6  
ST. PETERSBURG, FL 33712

SUBJECT: HSOC, LLC  
Ref. Number: L19000153593

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Claretha Golden  
Regulatory Specialist II

Letter Number: 619A00024270

2020 JAN -9 PM 7:14

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

2020 JUL -9 AM 11:01

H Soc 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 6/10/19 and assigned Florida document number 49000153593.

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 words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2101 3rd Ave So Suite 6  
St. Petersburg, FL 33712

**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:

New Registered Office Address:

Enter Florida street address

Florida

City

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**

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>              | <u>Type of Action</u>                      |
|--------------|-------------|-----------------------------|--|
| MGR          | John Kulko  | 2232 5 <sup>th</sup> Ave So | <input checked="" type="checkbox"/> Add    |
|              |             | St. Petersburg, FL 33712    | <input type="checkbox"/> Remove            |
|              |             |                             | <input type="checkbox"/> Change            |
| AR           | Sean Rump   | 2232 5 <sup>th</sup> Ave So | <input type="checkbox"/> Add               |
|              |             | St. Petersburg, FL 33712    | <input checked="" type="checkbox"/> Remove |
|              |             |                             | <input type="checkbox"/> Change            |
|              |             |                             | <input type="checkbox"/> Add               |
|              |             |                             | <input type="checkbox"/> Remove            |
|              |             |                             | <input type="checkbox"/> Change            |
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|              |             |                             | <input type="checkbox"/> Change            |

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 10/25, 19

Signature of a member or authorized representative of a member

Yvette Wyatt

Typed or printed name of signee