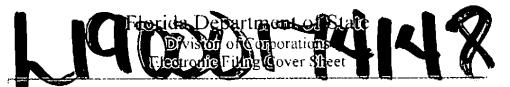
Division of Corporations



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To:

Division of Corporations

Fax Number : (850) 517-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 Phone : (323) 962-8600

Fax Number

: (323)962-3889

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **DUVAL HOTSHOT LLC**

Certificate of Status	0
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Page Count	05
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AUG 1 3 2019

## **COVER LETTER**

TO: Registration So Division of Cor				
	OTSHOT LLC		· 	
SUBJECT:	Name of Lim	ted Liability Company		
	Amendment and fec(s) are sub undence concerning this matter			
	Cheyenne Moseley			
		Name of Person		
	Legalzoom.com, Inc.			
		Firm/Company		20
	101 N Brand Blvd 11th Fl			2019 AUS
		Address		
	Glendale, CA 91203			12 1
		City/State and Zip Code		
	s4folds@conneast.net		<del>,</del>	
	E-mail address: (	to be used for future annual report notif	ication)	±=-
For further information	concerning this matter, please c	a11;		
Cheyenne Moseley		800 773-0888		
Name	of Person	Area Code Daytime	: Telephone Number	
Enclosed is a check for	the following amount:			
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	c of Status &
MAII	LING ADDRESS:	STREET/COURI	ER ADDRESS:	

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

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Page 5 of 7

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DUVAL HOTSHOT LLC							
(Name of the Limited Liability Con (A Florida Limit	mpany as it now apposed Liability Company	cars on our rec	ords.)				
The Articles of Organization for this Limited Liability Compa	any were filed on ]	07/05/2019		an	ıd assig	gned	
Florida document number L19000174148							
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limited i	iability company	here:					
The new name must be distinguishable and contain the words "Limited L	iability Company," th	e designation "	LLC" or the a	bbreviatio	on "L.L	.C."	
Enter new principal offices address, if applicable:							
(Principal office address MUST BE A STREET ADDRESS	2						
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				٠.	 	;	2
Enter new mailing address, if applicable:				· -	<del></del>		: ;
(Mailing uddress MAY BE A POST OFFICE BOX)		<del></del>				::3	-
				· .	= 12	!	r - C:
					<del>-:</del>		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		on our rect	ords, <u>enter</u>	the n	arce o	<u>f the n</u>	<u>ew</u>
Name of New Registered Agent:					····		
New Registered Office Address:							
	Enter l	Florida street au	dress				
			, Florida _				
	City			Zip	Code		
New Registered Agent's Signature, if changing Registered Ag	ent:						
I bound a comment that annual attachment are available and account and	amena to not in th	ia canacia:	I farthur a	2000 600	commi	hi with ti	ho

I herehy 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

Title	Name	Address	Type of Action
MGR	Sam J Folds IV	4904 Beige Street 1.	- ■ Add
		Jacksonville, Florida 32258	□ Rensive
			☐ Change
***********			D Add
			☐ Remove.
			O Change
			D Add
			Claringe
			□ Add
			O:Remove
			☐ Change
·			□ Add
			□ Remove
			□ Change
<del></del>			□ Add
			□ Remove

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 applica	the statutory filing requirements, this date will not be listed as the
document's effective date on the Department of State's records.	·

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 7/25/19 ignature of a member or authorized representative of a member Sam Jones Folds IV Typed or printed name of signee

Page 3 of 3

Filing Fee; \$25.00.

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() f an ci	tive date, if other than the date of filing:  [Coption of the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after  If the date inserted in this block does not meet the applicable statutory filing requirements, this ment's effective date on the Department of State's records.	filing ) Pur	sum to 60 not be lis	)5.0207 (3)(6) sted as the
If the re (b) The	ecord specifies a delayed effective date, but not an effective time, at 12:01 are 90th day after the record is filed.	a.m, on 1	the earl	lier of:
Dates	August 8 , 2019.			

Dated August

Signature of a member or authorized representative of a member

Crica Gu? Typed or printed name of signee

Page 3 of 3

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