

L19000176566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

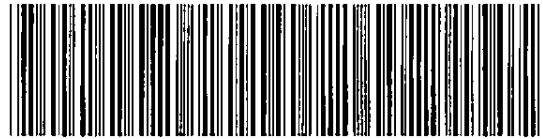
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

cert 1057 pg. 11/18

Office Use Only



400437465734

NOV 8 2024 9:00 AM

2024 NOV - 8 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Me



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 21, 2024

GAEL BERIRO
1340 N US HIGHWAY 1, SUITE 102
JUPITER, FL 33469

SUBJECT: HOFFMANN KEDS, LLC
Ref. Number: L19000176566

We have received your document for HOFFMANN KEDS, LLC and your check(s) totaling \$75.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please date the last page.

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

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

Morgan E Lovett
Regulatory Specialist II

Letter Number: 524A00023176

SECRETARY OF STATE
TALLAHASSEE, FL

2024 NOV -8 AM 9: 00

FILED

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: HOFFMANN KEDS, 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:

Gael Beriro

Name of Person

Gael Beriro, P.A.

Firm/Company

1340 N. US HIGHWAY 1, SUITE 102

Address

JUPITER, FL 33469

City/State and Zip Code

gael@berir law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gael Beriro

561

835-4611

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2024 NOV - 8 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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

HOFFMANN KEDS, 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 07/18/2019 and assigned
Florida document number L19000176566

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

25 S. Federal Highway
Lake Worth Beach,
33460

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

800 23RD STREET
WEST PALM BEACH, FL 33407

2024 NOV -8 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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:

JOHN W. CRITCHETT

New Registered Office Address:

800 23RD STREET

Enter Florida street address

WEST PALM BEACH

City

Florida 33407

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	GREG HOFFMANN	825 GREEN BAY ROAD, SUITE 100	<input type="checkbox"/> Add
		WILMETTE, IL 60091	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOHN W. CRITCHETT	800 23RD STREET	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH, FL 33407	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2024 NOV - 8 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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

SECRETARY OF STATE
TALLAHASSEE, FL

2024 NOV -8 AM 9:00

FILED

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 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 _____ 10/7/24 _____

John Critchett

Signature of a member or authorized representative of a member

JOHN W. CRITCHETT

Typed or printed name of signee

11/8 019000177 6566

Filing Fee: \$25.00