## 119000211194

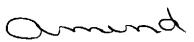
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## **COVER LETTER**

то:	Registration Se Division of Cor					
SUBJE	HOBI Solu	tions, LLC				
SUBJE	Name of Limited Liability Company					
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	eturn all correspo	ndence concerning this matter	to the following:			
		Horacio Agostinelli				
			Name of Person	<del></del>		
		HOBI Solutions, LLC				
		Firm/Company	<del></del>			
		4586 NW 25th Way				
		Address				
		Boca Raton, FL 33434	r. cr			
City/State and Zip Code hagostinelli_jr@thehadagroup.com		——— સ્ ા				
				1)		
Бел			to be used for future annual report notif	ication)		
t-or furth	ier information co	oncerning this matter, please c	all:	دئ		
Horacio	Agostinelli		561 982-9379 at ( )	ثر ، ثر ، ثر ،		
	Name of	f Person	Area Code Daytime	: Telephone Number		
Enclosed	l is a check for th	ne 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)		
		ING 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

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOBI Solutions, LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records. nited Liability Company)	)
The Articles of Organization for this Limited Liability Com	pany were filed on August 23, 2019	and assigned
Florida document number L19000211194		
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 ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
intering address mare DE ATTOST OFFICE DOAY	<del></del>	
		35 ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °
B. If amending the registered agent and/or registered	d office address on our records,	enter the name of the
registered agent and/or the new registered office address	nere:	<b>%</b> 10-1
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida Zip Code
	City	rip Coac

## 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 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Actio
MGR	Glenn Alba	2385 NW Executive Center Drive Suite 240, Boca Raton, FL 33431	
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pursuant to the terms of the C	Operating Agreement
Amendment to Article 8 - Te	ermination of Existence = The Company shall be dissolved subject to the
terms of the Operating Agree	ement
	October 4, 2019
fective date, if other than the n effective date is listed, the date mu	e date of filing: (optional) st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
	ock does not meet the applicable statutory filing requirements, this date will not be listed a
record specifies a delayed The 90th day after the rec	d effective date, but not an effective time, at 12:01 a.m. on the earlier of
the sould day after the rec	ord is med.
October 4	2019
lie saw I fry Cay:	
[1V_184.00] (1.7) (4.7)	Signature of a member or authorized representative of a member
Horacio Agostinelli	
Horacio Agostinetti	Typed or printed name of signee

D. If amending any other information, enter change(s) nere: (Anach adamonal sneets, y necessary.)

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Filing Fee: \$25.00