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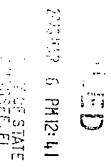
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
Considerations to Filing Officer
Special Instructions to Filing Officer:

Office Use Only



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R. HUNT 03/66/23

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOBERTS LLC	_	
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
he Articles of Organization for this Limited Liability C	Company were filed on 10-15-2019	and assigned
orida document number L19000258749	_ _ ·	
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limi	ited liability company here:	
ne new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" (or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDR	RESS)	
nter new mailing address, if applicable:		
Aailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered	d office address on our records, <u>enter th</u>	ie name of the new registe
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	Cim	Zin 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 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>	Name	<u>Address</u>	Type of Action
AMBR	TERREL HOOD	514 SW 2ND AVE	
		OCALA, FL 34471	□Remove
			Change
AMBR	STEVE SPIVEY	514 SW 2ND AVE	= Add
		OCALA, FL 34471	□Remove
			Change
AMBR	BRANDON ROBERTS	514 SW 2ND AVE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		OCALA, FL 34471	=Remove
			Change
		_	□Add
			Remove Remove Re
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			Remove
			Change

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Note: If the	date inserted	than the date of the date must be specific this block do on the Departm	es not me	eet the app	licable statu	filing or more tory filing re	(opti than 90 days afte quirements, th	r filing.) Pursuan	at to 605.0207 (3) be listed as the
he record spec ord is filed.	ifies a delayed	d effective date,	but not a	n effective	e time, at 12	:01 a.m. on t	he earlier of: (I	o) The 90th d	ay after the
Dated		~8	 [] []	20.	25 Hay	./			
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Filing Fee: \$25.00