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(1	Requestor's Name)	
(,	Address)	
	Address)	
(1	City/State/Zip/Phone #)	
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(Document Number)	
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SECRETARY OF STATE

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COVER LETTER

Registration Section
Division of Corporations

Э:

вјест:	100KS ENTERFRIS	ES, LLC	
	Name of Lim	ited Liability Company	
e enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
ease return all correspo	ndence concerning this matter	to the following:	
	Corey	L HOOKS Name of Person	
	HOOKS EN	TERPRISES, LLC Firm/Company	
	3571 HARTS	FIELD FOREST CIR Address	
		City/State and Zip Code	
r further information c	E-mail address: to	to be used for future annual report noticall:	fication)
Coney L Name o	Heurs Person	at (904) 305 - Area Code Daytim	8799 re Telephone Number
closed 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)
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, F1	rporations Fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	PRISES LL C any as it now appears on our record Liability Company)	<u>s.</u>)
e Articles of Organization for this Limited Liability Company	y were filed on _1/22/202	and assigned
orida document number <u>L 20000027794</u> .		
ris amendment is submitted to amend the following:		
If amending name, enter the new name of the limited lial	bility company here:	
e new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	or the abbreviation "L.L.C."
iter new principal offices address, if applicable:	NA_	
rincipal office address MUST BE A STREET ADDRESS)		2020 SEC
-		HAR -2 CRETARY
		AS.
iter new mailing address, if applicable:	ula	SEE
failing address MAY BE A POST OFFICE BOX)		700
		: 3 PATE ORICE
If amending the registered agent and/or registered office ent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter</u>	the name of the new registere
New Registered Office Address:	Enter Florida street address	
	, Flo	orida Zip Code
w Registered Agent's Signature, if changing Registered Agent	·	,
nereby accept the appointment as registered agent and agnosisions of all statutes relative to the proper and complete cept the obligations of my position as registered agent as ing filed to merely reflect a change in the registered office mpany has been notified in writing of this change.	e performance of my duties, an provided for in Chapter 605, i	d I am familiar with and F.S. Or, if this document is
If Cha	inging Registered Agent, Signature o	f New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added removed from our records:

iGR = Manager MBR = Authorized Member

<u>itle</u>	<u>Name</u>	Address	Type of Action
<u> </u>	COREY L. HOOKS	3571 HANTSFIELD FUREST CIR	※ Add
		JACKS QUUILLE, FL 32277	□Remove
			□Change
			□Add
			□Remove
		· 	□Change
			□ Add
			□Remove
			SECULTAR Add
		A SSEE	A Add in
		FLORITE ORITE	
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			□Change

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ctive date, if other than the date of filing:	(optional)
If the date inserted in this block does not meet the applicable statutory f	filing requirements, this date will not be listed
ment's effective date on the Department of State's records.	
ord specifies a delayed effective date, but not an effective time, at 12:01 a. filed.	.m. on the earlier of: (b) The 90th day after the
med.	
1/2/2	
d 1/26/8 2020	
// ~ H-1	
Signature of a member or authorized representa	ative of a member

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