

L20 0000 27794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

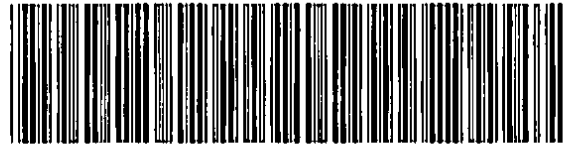
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 MAR -2 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 20 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOOKS ENTERPRISES, 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:

COREY L HOOKS
Name of Person

HOOKS ENTERPRISES, LLC
Firm/Company

3571 HARTSFIELD FOREST CIR
Address

JACKSONVILLE, FL 32277
City/State and Zip Code

HOOKS.COREY@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

COREY L HOOKS at (904) 305-8799
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

HOOKS ENTERPRISES, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

If Changing Registered Agent, Signature of 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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
IGR	COREY L. HOOKS	3571 HANTSFIELD FOREST CIR	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32277	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2020 MAR 12 PM 7:31
Change
Add
Remove

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

N/A

FILED
2020 MAR -2 PM 1:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

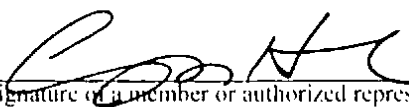
. Effective date, if other than the date of filing: _____ (optional)

(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.

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 1/26/20 2020


Signature of a member or authorized representative of a member

COREY L. HOOKS
Typed or printed name of signee