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(Re	questor's Name)	
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COVER LETTER

Division of Corpora	ations		
SUBJECT: HOO	P LI + T	Our Number	HS, LLC
The enclosed Articles of Ame	endment and fee(s) are subt	mitted for filing.	
Please return all corresponder	nce concerning this matter	to the following:	
-	lalia	M 1115 Name of Person	
-		Firm/Company	
-	2300 Sou	Marcos Address	ave
	Fort Pie	City/State and Zip Code	34946
	E-mail address: (t	o be used for future annual repo	c motification)
For further information conce	erning this matter, please ca	all:	
LaVia Name of Per	21115 son	at (772) 2 Area Code D	Paytime Telephone Number
Enclosed is a check for the fo	llowing amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Addre	<u>ss:</u>

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Registration Section

TO:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 4 - 16 - 300 and assigned Florida document number L20001046.74 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address , Florida

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.

City

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>	Name	Address	Type of Action
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot lote: If the date inserted in this block does not meet the ocument's effective date on the Department of State's respective.	e applicable sta	of filing or more that	(optional position of the control of	ing.) Pursuant to 60	05.020 sted a
record specifies a delayed effective date, but not an efferis filed.	ective time, at 1	2:01 a.m. on the	earlier of: (b)	The 90th day aft	ter the
aled October 31, a	020.				
J Y in MI. ML)				
Jaria Mills	or authorized re	presentative of a me	mber		