<u>L20000108365</u>

| (Requestor's Name) | | | |
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| (nuuress) | | | |
| (City/State/Zip/Phone #) | | | |
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| (Business Entity Name) | | | |
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| (Document Number) | | | |
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| Certified Copies Certificates of Status | | | |
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| Special Instructions to Filing Officer: | | | |
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3/10/20

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: HODGE AND WILLIAMS FINANCE

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:

VICTORIA WILLIAMS

Name of Person

Firm/Company

1605 LADY BOWERS TRAIL

Address

LAKELAND, FL 33809

City/State and Zip Code

VICTORIA.WILLIAMS' HODGEANDWILLIAMSFINANCE.COM E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VICTORIA WILLIAMS

Name of Person

at (<u>863</u>) <u>401-</u> Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

20.00 Filing Fee & Certificate of Status

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 <u>Street Address:</u> 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

| HODGE AND WIL | | |
|---|--|-------------------------|
| (<u>Name of the Limited Liability Comp</u> (A Florida Limited | any as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company | were filed on <u>APRIL 20, 2020</u> | and assigned |
| Florida document number <u>1.20000108365</u> . | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | <u>oility company here</u> : | |
| The new name must be distinguishable and contain the words "Limited Liab | ility Company." the designation "LLC" or the a | bbreviation "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) | | |
| | | |
| | | 1251 |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>enter the nar</u> | ne of the new registere |
| | | · · · |
| Name of New Registered Agent: | ····· | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florida | |
| | City | Zıp Code |

New Registered Agent's Signature, if changing Registered Agent:

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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 aniending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| Title | Name | Address | Type of Action |
|-------|------|---------|----------------|
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ARTICLE III

| Our mission is to create "Value for Businesses" through reliability, flexibility, integrity, financing and quality. |
|---|
| We specialize in proactive business planning and development services for successful and beneficial |
| financial and marketing models. We believe that every business has the capacity and capability |
| to exceed its goals and our mission is to provide ample resources and strategies to those clients in uplifting |
| their effectiveness. Hodge & Williams is dedicated to providing financial services to meet the needs of our |
| economically disadvantaged individuals within our underserved communities. We invest in our local communities |
| and the residents who live and serve by providing critically needed startup financing needed that is often unavailabl |
| from mainstream financial institutions. We relentlessly pursue breakthrough ideas to deliver profitable solutions |
| that help our clients grow their businesses resulting in evident success and prosperity. We pride ourselves |
| in the provision of strong, compelling solutions using high quality, state-of-the-art_technology allowing |
| businesses to strengthen their bond with their customers. |
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Effective date, if other than the date of filing: <u>APRIL 21,2020</u> (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)
<u>Note:</u> 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.

If 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 | JANUARY 22, | 2021 |
|-------|-------------|------|
| | | |

Victoria Williams

Signature of a member or authorized representative of a member

VICTORIA WILLIAMS

Typed or printed name of signee

Filing Fee: \$25.00