

L20000 108919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

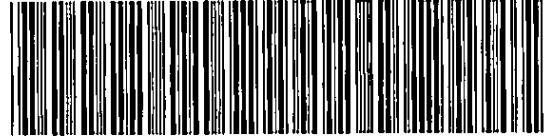
(Document Number)

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07/01/20--01011--014 **25.00

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2020 SEP 25 PM 5:58

CLERK OF SUPERIOR COURT
JUDICIAL BRANCH 1
1000 PHARMACY BUILDING
SALT LAKE CITY, UT 84103

SEP 28 2020

S. YOUNG S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 13, 2020

SADIYA HASSAN
HOTL, LLC
1422 WESTBURY DRIVE
CLERMONT, FL 34711

SUBJECT: HOTL, LLC
Ref. Number: L20000108919

We have received your document for HOTL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

MR. AND MS. IS NOT ACCEPTABLE

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 320A00015369

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOTL, 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:

Sadiya Hassan

Name of Person

HOTL, LLC

Firm/Company

1422 WESTBURY DRIVE

Address

CLERMONT, FL 34711

City/State and Zip Code

HOOKEDONTHATLOOK@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SADIYA HASSAN

646 726-0023
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

HOTL, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 4/21/2020 and signed _____
Florida document number L20000108919

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:

(still the same, just add managing agents)

Name of New Registered Agent:

Sadiya Hassan

New Registered Office Address:

1422 Westbury Drive

Enter Florida street address

Clermont

Florida

34711

City

Zip 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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>JAIDEV KUMAR BUDHRAM</u>	<u>1422 WESTBURY DRIVE</u>	<input checked="" type="checkbox"/> Add
		<u>CLERMONT, FL</u>	<input type="checkbox"/> Remove
		<u>34711</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>MOHAMED RAFFIE HASSAN</u>	<u>247 HUNT STREET</u>	<input checked="" type="checkbox"/> Add
		<u>CLERMONT, FL</u>	<input type="checkbox"/> Remove
		<u>34711</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>FAWAZ RAFFIE HASSAN</u>	<u>1422 WESTBURY DRIVE</u>	<input checked="" type="checkbox"/> Add
		<u>CLERMONT, FL</u>	<input type="checkbox"/> Remove
		<u>34711</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>BIBI FAREENA HASSAN</u>	<u>247 HUNT STREET</u>	<input checked="" type="checkbox"/> Add
		<u>CLERMONT, FL</u>	<input type="checkbox"/> Remove
		<u>34711</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

I WOULD LIKE TO HAVE THE FICTIOUS NAME TO BE:

HOOKED ON THAT LOOK

BUT I DO NOT WANT IT TO SHOW AS THE OFFICIAL NAME OF THE BUSINESS. PLEASE CONTACT

ME WITH INSTRUCTIONS ON HOW TO DO THIS. I TRIED CALLING BUT DUE TO COVID19

IT IS VERY HARD TO GET IN CONTACT WITH SOMEONE.

CONTACT PHONE NUMBER: 646-726-0023

CONTACT EMAIL ADDRESS: HOOKEDONTHTATLOOK@GMAIL.COM

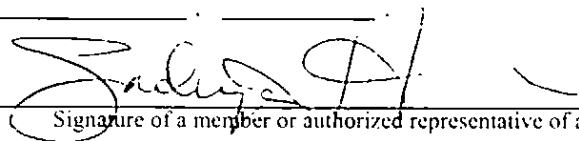
E. Effective date, if other than the date of filing: APRIL 2020 **(optional)**

(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.

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 MAY 1ST 2020



Signature of a member or authorized representative of a member

SADIYA HASSAN

Typed or printed name of signee