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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	· ·
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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26 Fit 4: Fin

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 4() DIK LLC	•
	ted Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	nitted for filing.
Please return all correspondence concerning this matter t	o the following:
_John Ver	
	V Name of Person
4061k LI	<u>C</u>
	Firm/Company
11001 NW	29th Ct Address
<u>Coral Sprin</u>	City/State and Zip Code
	De used for future annual report notification)
For further information concerning this matter, please cal	II:
John Vergara Name of Person	at (754) 308-0342 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & ☐ S60.00 Filing Fee. Certified Copy (additional copy is enclosed) ☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations

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

_ HO 6	YLK	LC_		2320	<u>26 PH</u> 4:00
(Name of the Limited (A	Liability Con Florida Limite	npany as it now ared Liability Compa	opears on our reco my)	rds.)	<u> </u>
The Articles of Organization for this Limited Liab		ny were filed or	04/27/	20_	and assigned
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of the	he limit <u>ed li</u>	ability compan	y here:		
The new name must be distinguishable and contain the word	ds "Limited Lia	ability Company,"	the designation "LI	LC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicab	ole:				
(Principal office address MUST BE A STREET	ADDRESS)				
			_		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	0X)				
					
B. If amending the registered agent and/or reg agent and/or the new registered office address l	istered offic <u>here</u> :	e address on o	ur records, <u>ente</u>	er the name	of the new registered
Name of New Registered Agent:					
New Registered Office Address:					
		Enter	Florida street addr	'ess	
		City	F	Florida	Zip Code
		Cuy.			zφ Coae

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>	Address	Type of Action
AMBR	Alexis Aguirre	8409 Payal Palm blod.	□Add
		Coral Springs FL 33065	
			ÒChange
AMBR	John Vorgara	11(001 NW 29th Ct	□Add
		Coral Springs Fl 33065	□Remove
			_ÀChange
			_ □Add
			_ □Remove
			_ □Change
			_ 🗆 Add
			_ □Remove
			_ □Change
			_ □Add
			_ □Remove
			_ 🗆 Change
			_ □Add
			_ □Remove
			_ □Change

D. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
1	HOBIK LLC 15 member managed
	Alexis Aguirre is a managing member with
	50% ownership,
_	John Vergara is a managing member with
	50% Ownership.
Note: If t	date, if other than the date of filing: (optional) (optional) we 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) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 's effective date on the Department of State's records.
f the record specord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	June 22 rd . 2020.
	Signature of a member or authorized representative of a member
	John Vergera
	Typed or printed name of signee