L20000252229

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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I ALBRITTON

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINER'S INITIALS:_____

	-
	(OFFICE USE ONLY)
Corporation Name & Document Number, (if known):
HOOF GEAR LLC L2000025222	29
(Business Name)	Document #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy of ARTICLES OF ORG	ANIZATION
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit	X_ Amendment
Not for Profit	Resignation of R.A. Officer/Director
Limited Liability Domestication	Change of Registered Agent Dissolution/Withdrawal
Other	Merger
CORP	Conversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
	Limited Partnership
Fictitious Name	Reinstatement
APOSTIL ()Other	
Country	

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Hoof Gear, I	LC		
SOBSECT. VIOL. SOM,	Name of Limit	ted Liability Company	
The enclosed Articles of A	amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Joannie Harder		
		Name of Person	
	Hoof Gear		
	*****	Firm/Company	
	7791 SE 128th Terrace		
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Address	
	Morriston, FL 32668		
	141011131011, 1 E 32000	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	hoofstargear@gmail.com	o be used for future annual repo	of notification)
For firebor information as		·	it notification)
ror turner intormation co	ncerning this matter, please ca	ш:	
Joannie Harder		at (239) 938-52	
Name of	Person	Area Code D	aytime 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hoof Gear, LLC (Name of the Limited Liability Company	y as it now appears on our records.)	
(A Florida Limited Lia	ibility Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on <u>08/17/2020</u>	and assigned
Florida document number <u>L20000252229</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
HoofStar Gear, LLC		1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
The new name must be distinguishable and contain the words "Limited Liabilit	y 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)		SEP
Enter new mailing address, if applicable:		و و
(Mailing address MAY BE A POST OFFICE BOX)		 ယ ယ
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ddress on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	da
	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 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
			□Add
			□Remove
			☐ Change
			□ Add
			□ Remove
			Change
		 	□Add
			□Rcmove
			□Add
		□Remove	
			Change
			□Add
		□Remove	
			Change
		□Add	
			□Remove
			☐ Change

am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Te	ctive date, if other than the date of filing: (optional)
ın ot	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 E: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ament's effective date on the Department of State's records.
	ford 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 filed.
ate	ed September 7 , 2021 .
	Janu D. Bilder
	Signature of a member or authorized representative of a member
	(
	Joannie D. Harder