

L200000327717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

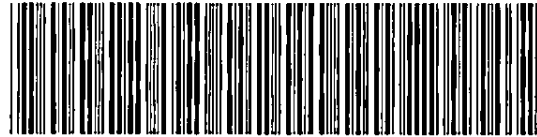
(Business Entity Name)

(Document Number)

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09/21/22--01002--023 \*\*25.00

FILED  
2022 SEP 20 PM 4:39:07 SEP 20 AM 9:38  
CLERK OF SUPERIOR COURT  
COUNTY OF CALIFORNIA  
JANET CHASEL

## Advanced Incorporating Service

1317 California Street  
P.O. Box 20396  
Tallahassee, FL 32316

Phone: 850-222-CORP  
Fax: 850-575-2724  
Email: [wlopez@aisincfl.com](mailto:wlopez@aisincfl.com)  
Website: [www.aisincfl.com](http://www.aisincfl.com)

NAME OF ENTITY

*Hop til you drop LLC*

FOR OFFICE USE ONLY

### PICK ONE:

☐ CERTIFIED COPY ☒ PHOTOCOPY ☐ C.U.S.

### FILING:

☐ CORPORATION ☐ LLC ☐ LIMITED PARTNERSHIP ☐ GENERAL PARTNERSHIP  
☐ FICTITIOUS NAME ☐ SERVICEMARK/TRADEMARK ☒ AMENDMENT  
☐ FOREIGN QUALIFICATION ☐ JUDGMENT LIEN  
☐ OTHER \_\_\_\_\_

### RETRIEVAL:

☐ GOOD STANDING CERT/C.U.S. ☐ CERTIFIED COPY ☐ PHOTOCOPY  
Of \_\_\_\_\_

### APOSTILLE/NOTARY CERTIFICATION REQUEST:

Country \_\_\_\_\_

Amount of Documents \_\_\_\_\_

DATE 9/20/22 TIME \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

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

**FILED**

2022 SEP 20 AM 9:38

HOP TIL YOU DROP LLC

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

SEC. 2, ART. 1  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on October 15, 2020 and assigned  
Florida document number L20000327717.

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 "LLC."

Enter new principal offices address, if applicable:

116 Hinchman Avenue

(Principal office address MUST BE A STREET ADDRESS)

Sebastian, FL 32958

Enter new mailing address, if applicable:

116 Hinchman Avenue

(Mailing address MAY BE A POST OFFICE BOX)

Sebastian, FL 32958

**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:

Chelsea Arzt

New Registered Office Address:

116 Hinchman Avenue

*Enter Florida street address*

Sebastian

*City*

Florida

32958

*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.*

*Signature of New Registered Agent*

(Chelsea Arzt)

**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>
MGR	Caitlin Morris	7726 103rd Avenue	<input type="checkbox"/> Add
		Vero Beach, FL 32967	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Chelsea Arzt	116 Hinchman Avenue	<input checked="" type="checkbox"/> Add
		Sebastian, FL 32958	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Christopher Combs-Arzt	116 Hinchman Avenue	<input checked="" type="checkbox"/> Add
		Sebastian, FL 32958	<input type="checkbox"/> Remove
			<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
			<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.)*

2007 SEP 20 AM 9:38  
TALLAHASSEE, FL

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2007 SEP 20 AM 9:38  
TALLAHASSEE

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (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.

September 19 2022  
Dated \_\_\_\_\_,

11/11

Signature of a member or authorized representative of a member

Caitlin Morris, as Manager

Typed or printed name of signee

**Filing Fee: \$25.00**