5/21/2021

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(((H210002042483)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : OLIVE JUDD, P.A. Account Number : I20200000171

Phone : (954)334-2250

Fax Number

Email Address:\_\_\_

: (888)503-5258

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HOBE GAS STATION LLC

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## ((H21000204248 3))) COVER LETTER •

	gistration Sec ision of Corp			
SUBJECT:	Hobe Gas St	ation LLC		
OBJECT.		Name of Limi	ted Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are subt	nitted for filing.	
Please return	n all correspon	ndence concerning this matter t	to the following:	
		Stephen V. Hoffman, Esq.		
			Name of Person	
		Olive Judd, P.A.		
			Firm/Company	
		2426 East Las Olas Boulev	ard	
		a reacher and the second of	Address	<del></del>
		Fort Lauderdale, FL 33301		
			City/State and Zip Code	
		shoffman@olivejudd.com	to be used for future annual report noti-	fication)
For further i	information co	oncerning this matter, please ca	•	estion)
Stephen V.	Hoffman		at () 334-2250 Area Code Daytim	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for th	e following amount:		
<b>■</b> \$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

Page: 3 of 5

To: 18506176383@rcfax.com Fax: (850) 617-6383 ((H21000204248 3)))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hobe Gas Station LLC					
(Name of the Limit	ed Liability Company as it now (A Florida Limited Liability Con	appears on our records.) npany)			
The Articles of Organization for this Limited Li	ability Company were filed	on 10/27/2020	_ and assig	gned	
			₹	~3	
			YL. St.	) 1021	
This amendment is submitted to amend the follo	owing:		杂준	X	
ne Articles of Organization for this Limited Liability Company were filed on 10/27/2020  1.20000341078  It is amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  It amending name, enter the new name of the limited liability Company here:  It is a mending name, enter the new name of the limited liability Company here:  It is a mending name, enter the new name of the limited liability Company," the designation "LLC" or the abbreviate new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  It amending the registered agent and/or registered office address on our records, enter the name gent and/or the new registered office address here:			JARY O ASSEE,	2021 MAY 21 F	FILE
The new name must be distinguishable and contain the w	ords "Limited Liability Compan	y," the designation "LLC" or the abbre	.ل.بل viati <mark>on</mark>	.C.115	ار ۱۔
Data and afficient of considerate if applied	abla		윤포	کن	
• •			<del></del>		_
(Principal office address MUST BE A STREE	T ADDRESS)				-
B. If amending the registered agent and/or a	registered office address o	n our records, <u>enter the name c</u>	of the new	regist	  tered
Name of New Registered Agent:	Olive Judd, P.A.				_
New Registered Office Address:	2426 East Las Olas Bould	vard			_
2	1	Enter Florida street address			
	Fort Lauderdale	, Florida <sup>3330</sup>	1		
	City	, , , , , , , , , , , , , , , , , , , ,	Zip Code		
N. D. Janes A. L. Charles of about in	Dogistanad Agants				

## 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

Page: 4 of 5

05/21/2021 11:12 AM

' To: 18506176383@rcfax.com Fax: (850) 617-6383

From: Olive J Judd, P.A.

((H21000204248 3)))

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

F**å**x:

<u>Title</u>	<u>Name</u>	Address	Type of Action
PRES	Can Kosem	355 NE 3rd Ct	□ Add
		Boca Raton, FL 33432	■Remove
			Change
MGR	Can Kosem	355 NE 3rd Ct	<b>≘</b> Add
		Boca Raton, FL 33432	□Remove
			bbA⊡
			□Remove
			□Add
			☐ Change
			□Add
			□Removc
			Change
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			□ Change

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fective date, if other th	an the date of filing: _		(	optional) s after filing.) Pursuant to 605.0
in effective date is listed, the content of the content in the date inserted in	late must be specific and car this block does not mee	nnot be prior to date of t the applicable statt	ning or more than 90 days tory filing requirements	s, this date will not be listed
cument's effective date or	n the Department of State	e's records.		
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ecord specifies a delayed	effective date, but not an	effective time, at 12	:01 a.m. on the earlier of	of: (b) The 90th day after t
is filed.	erresure during our not un			of: (b) The 90th day after ASSEE
				SET 2
May 20		20/21		• 🖘
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	to the second	4 ~/		5: , A1: R1D
	Signature of a met	nber or authorized rep	resentative of a member	<i>S ∠ ∠ ∠ ∠ ∠ ∠ ∠ ∠ ∠ </i>
	<u> </u>			