## 121 0000 430 37

(Requestor's Name)
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOBBS LOGIS			
(Name of the Limited Liability Company a (A Florida Limited Liabi	is it now appear lity Company)	s on our records.)	
he Articles of Organization for this Limited Liability Company wer forida document numberL21000043037		. 22.2021	and assigned
his amendment is submitted to amend the following:			
If amending name, enter the new name of the limited liability	company he	<u>re</u> :	
he new name must be distinguishable and contain the words "Limited Liability C	Company," the de	esignation "LLC" or the abl	oreviation "L.L.C."
nter 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)			·
			<u> </u>
3. If amending the registered agent and/or registered office add		sounds ontouthe nam	, o of the many weat
gent and/or the new registered office address here:	ress on our re	ecorus, <u>enter the name</u>	e or the new regi. نک
Name of New Registered Agent:			
Nov. Parietanal Office Address			· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Flor	ida street address	<del></del>
		, Florida	
-	City	, F101 K12	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>	<u>Name</u>	Address	Type of Action
AMBR	EUGINA D. HOBBS	614 N DELMONTE CT	<b>=</b> Add
		KISSIMMEE, FL 34758	□Remove
			□Change
			□∧dd
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			JAdd
			□Remove
			□Change

		, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>		
<del></del>		
-	····	
<del> </del>		
<del></del>		
Effective date	e, if other than the date	te of filing:
Note: If the d	are is listed, the date must be s late inserted in this block of fective date on the Depart	does not meet the applicable statutory tiling requirements, this date with not be listed as
e record specif rd is filed.	fies a delayed effective dat	ite, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
D . 1	June 21	2021
Dated		2 0 0 1/M
	1	XAZTOU/toll
	Sign	mature of a member or authorized representative of a member
		RICHARD A. HOBBS
		Typed or printed name of stages

Filing Fee: \$25.00