

L21000044017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

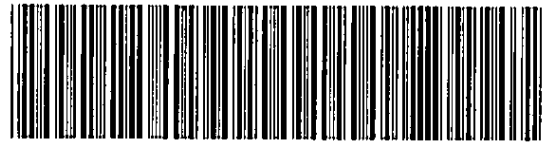
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900361959659

03/16/21--01020--023 **25.00

2021 MAR 16 A 10:31

FILED

S.C.

Tax Professional Services, LLC

A Financial Services Corporation

1105 W Maple Ave

Geneva, AL 36340

334-684-6398

334-684-7193 -fax

www.taxprollc.com

Members: National Society of Accountants, National Association of Enrolled Agents, National Society of Tax Professionals, Alabama Association of Accountants, American Society of Problem Solvers

March 11, 2021

FLORIDA DEPARTMENT OF STATE
AMENDMENT SECTION
DIVISION OF CORPORATIONS
P O BOX 6327
TALLAHASSEE, FL. 32314

To whom it may concern,

Enclosed you will find: Articles of Amendment, check for payment and a self-addressed & stamped envelope.

Please register the enclosed Articles of Amendment for Hoochee's Tees and More, LLC and return to us in self-addressed envelope provided Cert#: 7019 2970 0001 0858 6582

Thank you,

Candace Pollard

Tax Professional Services, LLC

Enc.

Cert#: 7019 2970 0001 0859 6437

FILED

2021 MAR 16 A 10:31

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hoochee's Tees and More, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Candace Pollard

Name of Person

Tax Professional Services, LLC

Firm/Company

1105 W Maple Ave

Address

Geneva, AL 36340

City/State and Zip Code

candace.pollard@taxprollc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Candace Pollard

Name of Person

334
at ()

Area Code

084-0398
Daytime 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

2021 MAR 16 A 10:32

FILED

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

Hoochee's Tees and More, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01/22/2021 and assigned
Florida document number L21000044017.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

114 W Washington St.

Chattahoochee, FL. 32324

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O.BOX 533

Chattahoochee, FL. 32324

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:

New Registered Office Address:

114 W Washington St.

Enter Florida street address

Chattahoochee

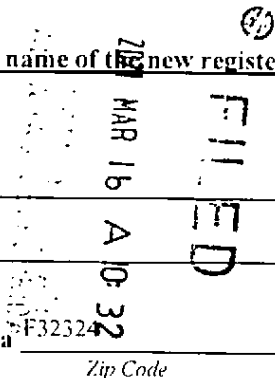
City

Florida

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Emily Neel	2033 Sikes Ave.	<input type="checkbox"/> Add
		Sneads, FL. 32324	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jessica Chavers	114 W Washington St.	<input type="checkbox"/> Add
		Chattahoochee, FL. 32324	<input type="checkbox"/> Remove
			<input checked="" 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

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE 03-16-2016 BY 60322

FILED

16

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

70

2021 MAR 16 A 10:32

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.

Dated

3/11/21

Jessica Chakers
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Jessica Chavers

Typed or printed name of signee