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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: THE HOOVE BOULT	QUE & HOVE, LLC
The enclosed Articles of Amendment and fee(s) are submitted for fi	iling.
Please return all correspondence concerning this matter to the follow	wing:
1615 5. C	of Person
7th Heaven Bou	stique & More LLC
1219 hoxboro	ddress
Longward FL bity/State	33750 and Zip Code
Centencisis ( E-mail address: (to be used fo	o) Vahoo · Co H r future ahnual report notification)
For further information concerning this matter, please call:	
Name of Person at (	107) 272.2410.  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Cert	So Filing Fee & So So Filing Fee, So Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassec, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 C	Company were filed on Harch 33,3021 ar	nd assigned
Florida document number <u>L210001347</u>	7.3	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	oited Liability Company," the designation "LLC" or the abbreviati	on "L.L.C."
-		
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered	d affice address on our records, enter the name of th	ne new registered
agent and/or the new registered office address here:	g office address on our records, enter the name of the	
Name of New Registered Agent:		<u>.</u>
New Registered Office Address:		Ca
New Registered Office Address.	Enter Florida street address	12021
	Florida	<del>&gt;</del>
	City Zip	Code -
New Registered Agent's Signature, if changing Registered	d Agent:	⊃ . ∵m
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and co	complete performance of my duties, and I am familia	comply-with the
accept the obligations of my position as registered ag being filed to merely reflect a change in the registere company has been notified in writing of this change.	ed office address, I hereby confirm that the limited l	document is

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 Type of Action Address **Title** <u>Name</u> 1GR 1515 S. Centono 1219. hoxboro Ad Vada DOMINOON, FL 32750 DREMOVE □Change MGR Edgardes Centero 1219 Rexboro Rd Vidad LONGWAYDA, FL 32750 OREMOVE 1515 S. Centero 1319 hoxboo la Lengunia, FC 32750 Demove \_\_\_\_ LChange AR Edgardo Conteno 1219 Bryton Rd DAdd Lenguard Fl 32750 ARemove \_ 🗌 Change Remove □Change Remove

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Filing Fee: \$25.00