L21000164240

	·· ······ ·· <u>·</u> ····	
(Re	equestor's Name)	
(Ac	ddress)	
	ddress)	
(AC	udiess)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
		
(Bı	usiness Entity Name)	
(Do	ocument Number)	
Contition Coning	Contillector of	Status
Certified Copies	_ Certificates of	318105
Special Instructions to	Filing Officer:	
	ū	
1		





500429059485

05/13/24 -01029 -019 **25.00

W

COVER LETTER

TO: Registration So Division of Cor			
HoffyCo L	LC		
SUBJECT:	Name of Lim	ited Liability Company	-
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
	ondence concerning this matter	•	
	Hannah Adams Hoffmann		
		Name of Person	_
	HoffyCo LLC		
		Firm/Company	_
	58 Lyon Drive		
		Address	_
	Deland, Fl 32724		
		City/State and Zip Code	
	hoffyco@gmail.com	to be used for future annual report notification)	_
For further information of	concerning this matter, please ca		
Hannah Adams Hoffmai		386 956-0411	
	of Person	at (per
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
Mailing Addres		Street Address:	
Registration Division of C		Registration Section Division of Corporations	
P.O. Box 632		The Centre of Tallahassee	
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite	810
		Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HoffyCo LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	ny as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company villorida document number L21000164240	were filed on 04/08/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter 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)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	ida Zip Code ·
	City	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	Kristopher Hoffmann	58 Lyon Drive, Deland, FI 32724	■Add
			□ Remove
			☐ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
	4.4		🗀 Add
			CRemove
			□Changè
	 		□Add
			□Remove
			Change ·
			□Add
			□Remove
			□Change

				
		<u> </u>		
	· · · · · · · · · · · · · · · · · · ·			
<u></u>				
- · · · · · · · · · · · · · · · · · · ·				
			<u> </u>	
		·····		
				
			· · · · · · · · · · · · · · · · · · ·	
				3
ffective date, if other than an effective date is listed, the date lote: If the date inserted in th ocument's effective date on the	must be specific and cannot be is block does not meet the ap	prior to date of filing or n oplicable statutory filir	(optional) nore than 90 days after filing.) ng requirements, this date of	: Pursuant to 605.0207 (will not be listed as t
record specifies a delayed effortistics and delayed effortists.	ective date, but not an effecti	ive time, at 12:01 a.m.	on the earlier of: (b) The	: 90th day after the
May 3	, 2024	·		
	Δ.	0.		
Flann	ah Adams H Signature of a member or	Offmann	e of a member	

Filing Fee: \$25.00