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| Special Instructions to F | iling Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration So Division of Cor | | | |
|----------------------------------------|-------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| SUBJECT: HIPPIE SI | STERS, LLC | | |
| | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | TAMLYN J. HOPPES | | |
| | | Name of Person | |
| | HIPPIE SISTERS, LLC | | |
| | | Firm/Company | |
| | 1036 Southeast Maid Mari | on Lane | |
| | | Address | |
| | High Springs, FL 32643 | | |
| | | City/State and Zip Code | - |
| | Tjhoppes@aol.com E-mail address: (i | to be used for future annual report notif | ication) |
| For further information c | oncerning this matter, please ea | all: | |
| TAMLYN J. HOPPES | | at (386) 466-2490 | |
| Name o | f Person | Area Code Daytime | : Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| ■ \$25.00 Filing Fee | S30.00 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 | | Street Address: | tion |
| Registration ! Division of C | | Registration Sec Division of Corp | |
| P.O. Box 632 | | The Centre of T | |

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HIPPIE SISTERS, 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 Comp | pany were filed on JULY 6, 2021 | _ and assigned |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-------------------------------------|
| Florida document number 1.21000309890 | | |
| 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 abbre | viation "L.L.C." |
| Enter new principal offices address, if applicable: | 12 | |
| (Principal office address MUST BE A STREET ADDRES | <u></u> | -5 |
| | · · · · · · · · · · · · · · · · · · · | 37 |
| Enter new mailing address, if applicable: | · • | 5. |
| (Mailing address MAY BE A POST OFFICE BOX) | · · · · · · · · · · · · · · · · · · · | - |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | fice address on our records, <u>enter the name c</u> | of the new registered |
| Name of New Registered Agent: | | · |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| · | , Florida | |
| | • | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent's Agent's Signature, if changing Registered Agent's Agent's Signature, if changing Registered | gent: | |
| I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change. | plete performance of my duties, and I am fan t as provided for in Chapter 605, F.S. Or, if | uiliar with and this document is |

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

| Title | Name | Address | Type of Action |
|-------|------------------|---------------------------|----------------|
| AMBR | AMANDA C. HOPPES | 39 JUNIPER DRIVE, UNIT #2 | ■Add |
| | | OCALA, FL 34480 | □Remove |
| | | | □Change |
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| | | | Remove |
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| ffective date, if other than the date of filing: 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 lots: If the date inscreed in this block does not meet the applicable statutory filing requirements, this date will not be listed as to occurrent's effective date on the Department of State's records. 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 1 is filed. JULY 11 2024 January N. HOPPES | | |
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| Hopes Signature of a member or authorized representative of a member | | |
| | ated J | JLY 11 , 2024 . |
| | | Signature of a member or authorized representative of a member |
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