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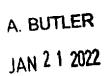
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor		, •	
SUBJECT:	. Hoey LL	Ċ	
30bJEC1	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing	
	ndence concerning this matter	·	
	J	Oshia Hoey Name of Person	
		toey LLC Firm/Company	·· ·
		Hurrison Ave Apt	<u>H</u>
		City FL 324	
	Hink E-mail address: (joskhoey@gmailicom to be used for tuture annual report noti	fication)
For further information co	oncerning this matter, please ca	all:	
Joshua Name of	Hvey Person	at (<u>\$50)</u> 303 - Area Code Daytim	- 4650 e Telephone Number
Enclosed is a check for th	e following amount:		
SQ \$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)
<u>Mailing Address</u> Registration S	ection	Street Address: Registration Sec	etion
Division of Co P.O. Box 6327	•	Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hoey	LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appea a Limited Liability Company)	irs on our records.)	•
The Articles of Organization for this Limited Liability C	Company were filed on _		and assigned
This amendment is submitted to amend the following:		٠.	\mathbb{R}_{F}^{TE}
A. If amending name, enter the new name of the lim Ally Hoey LLC The new name must be distinguishable and contain the words "Lin			abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our	records, <u>enter the na</u>	me of the new registere
Name of New Registered Agent:			
New Registered Office Address:	Enter Fla	rida street address	
		Florida _	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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being adde or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
			🗀 Add
		 -	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Channa

Page 2 of 3

Effective date, if other than the date of filing: fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after tiling.) Pursuant to 605,0207 Monte; if the date inserted in his block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The 90th day after the record is filed. Dated Defended 18 2021 Signature of a member of authorized representative of a member Figure 18 18 18 18 18 18 18 18 18 18 18 18 18		
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	Dated	Doctober 18 2021.
		Peha/Hour
Trobus Han		Signature of a member or authorized representative of a member
		Joshua Hoev