

W22000021596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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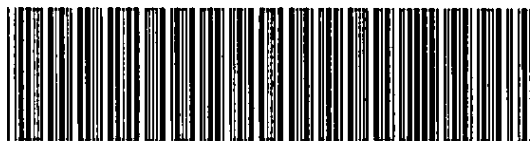
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

2022 AUG -8 PM 4:27

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**GROSS SHUMAN** P.C.  
ATTORNEYS AT LAW

**John F. Leone, Esq., Shareholder**  
EMAIL: [jleone@gross-shuman.com](mailto:jleone@gross-shuman.com)  
PHONE 716-854-4300 Ext. 243

August 3, 2022

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: **MCHOEP LLC**  
Our File No. 14746-900

Dear Sir/Madam:

In connection with the LLC, I have enclosed:

1. Cover letter;
2. Articles of Amendment to Articles of Organization of MCHOEP LLC; and
3. Our firm check in the amount of \$25 to pay for the filing of the Articles of Amendment.

Please return proof of the filing of Amendment to the undersigned in the enclosed, self-addressed, stamped envelope.

If you require anything further, please contact the undersigned.

Very truly yours,

John F. Leone

JFL/cmm  
Enclosures

cc: David H. Alexander, Esq.  
Dr. Christine Hoeplinger

Doc #1026550.1

465 Main Street | Suite 600  
Buffalo, NY 14203

PHONE 716-854-4300  
PHONE 866-893-2003  
FAX 716-854-2787

THE STATE OF NEW YORK  
OFFICE OF THE ATTORNEY GENERAL  
JULY 2022  
JULY 2022  
JULY 2022

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MCHOEP 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:

David H. Alexander, Esq.

\_\_\_\_\_  
Name of Person

Gross Shuman P.C.

\_\_\_\_\_  
Firm/Company

465 Main Street, Suite 600

\_\_\_\_\_  
Address

Buffalo, NY 14203

\_\_\_\_\_  
City/State and Zip Code

mchoep@aol.com

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

For further information concerning this matter, please call:

David H. Alexander, Esq.

716 854-4300  
\_\_\_\_\_  
at ( )  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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

**FILED**

**2022 AUG -8 PM 4:27**

MCHIEP LLC

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

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on January 20, 2022 and assigned  
Florida document number L22000021596.

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)**

1418 Norris Way

Tarpon Springs, FL 34688

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1418 Norris Way

Tarpon Springs, FL 34688

**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:

*Enter Florida street address*

, Florida

*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**

[illegible]

SECRETARY OF STATE  
TALLAHASSEE, FL

2022 AUG -8 PM 4:27  
SEBASTIAN COUNTY  
TALLAHASSEE, FL

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(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)

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 July 28 07, 2022

July 28 2022  
Christine Hooper  
Signature of a member or authorized representative of a member

Christine S. Hoeplinger

Typed or printed name of signee

**Filing Fee: \$25.00**