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A. BUTLER
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COVER LETTER

Registration Section

· TO:

Division of Cor	porations		
Hoopers D	en, L.L.C.		
SUBJECT:		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:	
	Allen Baez		
		Name of Person	
	Hoopers Den, L.L.C.		
		Firm/Company	
	13707 Ridgetop Road		
		Address	
	Orlando, Florida 32837		
		City/State and Zip Code	
	baezallenn@gmail.com		
		to be used for future annual report no	tification)
	oncerning this matter, please c		
Allen Baez		407 484-1581 at ()	
Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$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)
Mailing Address Registration S Division of C	Section	Street Address: Registration S Division of Co	
P.O. Box 632	.7	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hoopers Den, L.L.C.

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.) 21: (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 03/02/2022 Florida document number L22000108497 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Hoop House, L.L.C. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 2876 Michigan Ave. Enter new principal offices address, if applicable: Kissimmee, Florida 34744 (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 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 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

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	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			Change
			Remove
			□Change
			□Add
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ctive date, if other effective date is listed, the date inserted timent's effective date	l in this block does n	not meet the applical	o date of filing or more ble statutory filing r	(optiona than 90 days after filir equirements, this da	l) ig.) Pursuant to 605.02 te will not be listed
ord specifies a delaye filed.	ed effective date, but	not an effective tim	ne, at 12:01 a.m. on	the earlier of: (b)	Γhe 90th day after th
March 24		2022			
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	Signature (of a member or author	ized representative of	a member	
	o ignature (Na member of admor			