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Certified Copies	Certificates	s of Status
		
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Hathleen Butcher 586-850-5670 Hutbutcher D Worledone Nomes. com

802 Ocean Sasper Par 5+ Avoystin, FL 32086

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	НООК	ED ONE HOMES LLC			
Sobsect		Name of Limi	ted Liability Company		
The enclosed Art	ticles of A	mendment and fee(s) are sub-	nitted for filing.		
Please return all	correspon	dence concerning this matter	THLEEN BUTCHER Name of Person OKED ONE HOMES LLC Firm/Company 802 OCEAN JASPER Address AUGUSTINE, FL 32086 City/State and Zip Code tbutcher@hookedonehomes.com ess: (to be used for future annual report notification) ase call: at (
		KATHL	EEN BUTCHER		
		**************************************	Name of Person		
		HOOKEI	ONE HOMES LLC		
			Firm/Company		
		80	02 OCEAN JASPER		
Address					
ST AUGUSTINE, FL 32086					
			City/State and Zip Code		.
		Katbute	her@hookedonehomes.com	1	
		E-mail address: (o be used for future annual rep	oort notification)	_ _
For further infor	mation co	ncerning this matter, please ca	all:		
Kathleen Butche	er			5670	
-	Name of	Person		Daytime Telephone	Number
Enclosed is a che	eck for the	: following amount:			
□ \$25.00 Filin	g Fec	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy	(Cosed) Co	ertificate of Status & ertified Copy
Regist Divisi P.O. B	30x 6327	ection orporations	Registrati Division The Cent 2415 N. M		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOOKED ONE HOMES LLC

(Name of the Limited Liabil (A Florid	ity Company as it now appears on a Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability (Florida document number <u>L22000146831</u>	Company were filed on MARC	CH 25, 2022	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here:		
KATHLEEN BUTCHER, LLC			
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the design	ation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:	 		023 - 17
Principal office address MUST BE A STREET ADD	RESS)	1 (2.5) 4.5) 4.5) 4.5) 4.5) 4.5)	2 -
Enter new mailing address, if applicable:		2.58E. F.	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our recor	ds, enter the name	of the new registo
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida s	treet 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 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
			□Add
			Remove
		<u> </u>	Change
			□ Add
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<u>iote:</u> If the da	e, if other than e is listed, the date tte inserted in thi ective date on th	s block does no	ot meet the ap	plicable stati	filing or more story filing re	than 90 days a	otional) ter filing.) Pur this date will	suant to 605,020 not be listed a
record specifi I is filed.	es a delayed effe	ctive date, but i	not an effecti	ve time, at 12	2:01 a.m. on (the earlier of:	(b) The 90	th day after the
JANU	ARY 30			 -				
	1							
	Kathleen	Signature of	MANA fa member or a	authorized repr	resentative of	a member	. <u>.</u>	<u>.</u>