L22000 183572

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(Address)
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Amend-cos

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SECRETARY OF STATE
SECRETARY OF

JUENINGS

COVER LETTER

TO: Registration Sec Division of Corp			•
SUBJECT:	The Hippi	e Thus LLC	· · ·
	mendment and fee(s) are subm	-	
Please return all correspon	dence concerning this matter t	to the following:	
	<u>Phan</u>	Name of Person	
	The Hip	Firm/Company	
	11505	Sw 26th Pl	
	Miramor	FL 33025 City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notifie	cation)
For further information co	ncerning this matter, please ca	ıll:	
Hong Name of	M DeSiV Person	at (766) LII9 Area Code Daytime	Telephone Number
Enclosed is a check for the	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 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

TIA

11.

I he His	opie 14/09 LC
(<u>Name of the Limited Liab)</u> (A Florid	ility Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L2000 1835	Company were filed onOUIS JODD and assigned 12.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
The new name must be distinguishable and contain the words "Li	imited 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 ADD	ORESS)
	
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:	ed office address on our records, <u>enter the name of the new register</u> :
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 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
MGR	Desir Desir	11503 aw 26th Pl Apt 308 Mirama FL 33075	□Add
		Desir Desir	□Remove
		Phanor Desir	Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□ Add
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			□Change
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			□Change
			□Add
			□Remove

		
		
<u>_</u>		
an effective da lote: If the da	e, if other than the date of filing:	
record specifi	lies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	he
ated	08/04/222	
	All I	
	Signature of a member or authorized representative of a member	