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(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)
PICK-UP		, MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates of	f Status
Special Instructions to	Filing Officer:	
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COVER LETTER .

TO: Registration Section Division of Corporations	3
SUBJECT: Hott Topice 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:	
WeVach S. HARRIS TR	ust Protector
Belowargel Express Trust E	ENTERPRISE
40 4512 Ashford Drive	
Address	
WritER Haven FLorida City/State and Zip Code FARMERHOH SERVICES @ consultant	33880
City/State and Zip Code	
E-mail address: (to be used for future annual report notification	ion
For further information concerning this matter, please call:	iony
NeVach S. HARRIS at (863) 614 - Name of Person, TAUST Pratectur Area Code Daytime Te	§ 770
Name of Person , PRG3 PRANCION Area Code Daytime 16	tepnone Number
Enclosed is a check for the following amount:	
☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

FILED

2025 JUL 16 AM 9: 17.

Hott	Topicc	LLC		EDED SOL TO AM 9
(Name of the Limit	ed Liability Compa (A Florida Limited	any as it now appear Liability Company)	rs on our records.)	
The Articles of Organization for this Limited L. Florida document number L2200 1985	iability Company 53	were filed on	April 26th, 202	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liab	ility company he	ere:	
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	able:			-
(Principal office address MUST BE A STREE	T ADDRESS)		<u> </u>	
(Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or ragent and/or the new registered office address	egistered office :			
Name of New Registered Agent:	BELowAn	gel Express	TRUST ENTERP. Drive ida street address	در دد
New Registered Office Address:	c/c 45	12 Ashford	Drive	
	. 1	Enter Flor	ida street address	3-5
	Winter	Haven	, Florida _	33780 Zip Code
New Registered Agent's Signature, if changing F				Zip Code
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the recompany has been notified in writing of this to	d agent and agr er and complete stered agent as p registered office	ree to act in this of performance of provided for in C	my duties, and I am Chapter 605, F.S. O	n familiar with and r, if this document is

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 Member

<u>Title</u>	Name	Address	Type of Action
MGR_	Belawangel Expers TR Enterprise	c/o 4512 Ashford Drive Wister Haven, FC 33880	IIAdd
			□Remove
			□Change
President	LORDE Peterson	SPORTE ASTRONO DENSE	□ Add
		C/O 45/2 Ashford Deive Winter Haven, FL 33880	©Remove
			□Change
President	NeVach Harris	c/o 45/2 Ashford Delve 33880	CFAdd
			□Remove
			□ Change
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mem	3 CHCCH	vc date	on the 15	-parunci	iii Oi Sta	ite s re	ccords.						
	occifies a	delayed	l effectiv	e date, b	ut not a	n effe	ctive tim	ne, at 12	2:01 a.m	n. on th	e earlier	of: (b) 1	The 90th day
filed.													
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Filing Fee: \$25.00