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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TALLAHASSEF FI

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporation	ons		
SUBJECT: HOOKE	Name of Lim	AYNING LLC.	
The enclosed Articles of Amend	ment and fee(s) are sub	omitted for filing.	
Please return all correspondence	concerning this matter	to the following:	
	Jacq	Mame of Person	
	Hooked	on learning, LLC	· · · · · · · · · · · · · · · · · · ·
	551435	US HWY 1 Address	
	Hilliard	FL 320416 City/State and Zip Code	
	Nookedon E-mail address: (i	to be used for future annual report holifi	ail: com
For further information concerning	ng this matter, please ca	all:	
Jacquelin Sin Name of Person	m_	at (<u>904</u>) <u>728 -</u> Area Code Daytime	5/19 Telephone Number
Enclosed is a check for the follow	ving amount:		
	0.00 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 Corporat P.O. Box 6327		Street Address: Registration Sect Division of Corp The Centre of Ta	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hooked or	n learning, U.C.
(Name of the Limited Liability (A Florida	ty Company as it now appears on our records.) i Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L220002274//</u>	Company were filed on May 110, 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ited liability company here:
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	(ESS)
Enter new mailing address, if applicable:	SECRETALLA
(Mailing address MAY BE A POST OFFICE BOX)	H 50 7 1
	HASSEE, T
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered	
i nercoy accept ine appointment as registered agent a	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

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
AMBR	Jacquelin Sims	37191 South Oak St. Hilliard, Fl. 32046	Ø Add
			□Remove
			□ Change
AMBR	Shawn Clark	297 Remington Rd. White Dak, Ga. 31568	IBNád
			□Remove
			Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			☐ Change
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			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

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(If an effecti Note: If t	date, if other than the date of filing:
he record si ord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	August 15 2022.
	Signature of a member or authorized representative of a member Tacquilin Sims