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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

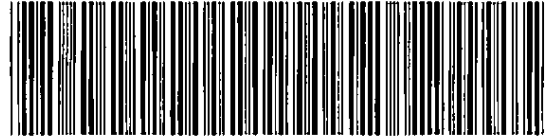
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Filing Office  
Tallahassee, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: K Hockett Properties, 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:

Keith Hockett

Name of Person

Firm/Company

213 E. 46th St.

Address

Indianapolis, IN 46205

City/State and Zip Code

keithhockett@justaddwaterboats.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Theresa Knowler

239 333-4910

Name of Person

at ( )  
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  
2110 1st Street  
Tallahassee, FL 32310

2023 FEB 15 PM 1:50  
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

K Hockett Properties LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/08/2022 and assigned  
Florida document number L22000305772.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

213 E. 46th St.

Indianapolis, IN 46205

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

213 E. 46th St.

Indianapolis, IN 46205

**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:

Keith Hockett

New Registered Office Address:

3013 W. Gulf Dr. #301

Enter Florida street address

Sanibel

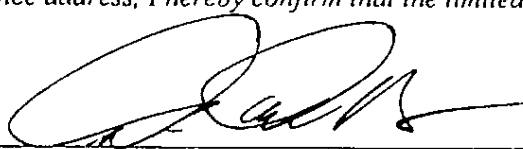
Florida 33957

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 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>                    | <u>Address</u>             | <u>Type of Action</u>                      |
|--------------|--------------------------------|----------------------------|--|
| MGR          | 1031 Reverse Exchange Company, | 15671 San Carlos Blvd. 101 | <input type="checkbox"/> Add               |
|              |                                | Fort Myers, FL 33908       | <input checked="" type="checkbox"/> Remove |
|              |                                |                            | <input type="checkbox"/> Change            |
| MGR          | Keith Hockett                  | 213 E. 46th St.            | <input checked="" type="checkbox"/> Add    |
|              |                                | Indianapolis, IN 46205     | <input type="checkbox"/> Remove            |
|              |                                |                            | <input type="checkbox"/> Change            |
|              |                                |                            | <input type="checkbox"/> Add               |
|              |                                |                            | <input type="checkbox"/> Remove            |
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2023 FEB 15 PM 1:56  
STATION 10 10 ME  
TALLAHASSEE FL

2023-FEB-15 PM 1:56  
SLOAN HOSPITAL  
TALLAHASSEE FL

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated February 3 2023

Signature of a member or authorized representative of a member

Typed or printed name of signee