L22000361586

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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2022 AUG 25 PM 2: 31 SECRETARY OF STATE

COVER LETTER

Hodges Fo	oundation LLC		
SUBJECT:	Name of Lin	ated Liability Company	**************************************
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filling.	
Please return all corresp	ondence concerning this matter	to the following:	
	Dennis Hodges		
		Name of Person	
	Hodges Foundation LLC		
		Firm Company	
	3517 Dawson St		
	Address		
	Jacksonville, Florida 3220	9	
	dkh50(a yahoo.com	City State and Zip Code	
	E-mail address: (to be used for future annual report notifica	tioni
For further information	concerning this matter, please c	all:	
Dennis Hodges		904 476-2241 at ()	
Name	of Person	Area Code Daytone To	elephone 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)	7. 860,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addro</u> Registration		<u>Street Address:</u> Registration Section	on

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section

Division of Corporations

TO:

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

(Name of the Lin	nited Liability Company as it now ag (A Florida Limited Liability Compa	opears on our records.) (ny)
The Articles of Organization for this Limited Florida document number 1,22000361586	Liability Company were filed or	n 8 17 22 and assigned
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability compan	<u>y here</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company."	the designation "LC" or the abbreviation "L.C."
Enter new principal offices address, if appl	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC) B. If amending the registered agent and/or agent and/or the new registered office address.	registered office address on or	SECRETARY PEW PERSONS STATE on the name of the EE, FL arrections of the state of th
Name of New Registered Agent:	Dennis Hodges	mi
New Registered Office Address:		
		Florida street address
	Jacksonville	. Florida 32209
	City	Z _{II} Code

New Registered Agent's Signature, if changing Registered Agent:

Hodges Foundation LLC

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 tiled 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:

MCK -	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			iAdd
			lRemove
			lChange
]Add
			Remove
			* IChange
			lAdd
			TRemove
			Change
			lAdd
			TRemove
			Change
			[]Add
			_ TRemove
			JAdd
			¹ Remove
			lChange

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n effective date is listed, the date mu ste: If the date inserted in this b cument's effective date on the I	ist be specific and cannot b lock does not meet the	applicable statutor			
ecord specifies a delayed effectivis filed.	ve date, but not an effec	ctive time, at 12:01	a.m. on the earl	ier of; (b) The	90th day after th
ted August 22	2022	,			
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