

A. BUTLER
DEC 12 2022

NICOLE JOHNSON
CELL # (281) 948-4313
RETURN ADDRESS
1050 ROXANNA RD.
FT. WALTON BEACH, FL
32547

**TO: Registration Section
Division of Corporations**

Hoos LLC

SUBJECT: _____
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:

Nicole Johnson

Name of Person

Hoos LLC

Firm/Company

1050 Roxanna Rd.

Address

Ft. Walton Beach, FL 32547

City/State and Zip Code

ntsimms@gmail.com

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

For further information concerning this matter, please call:

Nicole Johnson

281

948-4313

at (_____) _____

Name of Person

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

**TO
ARTICLES OF ORGANIZATION
OF**

Hoos LLC

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

2022 SEP 16 AM 7:30
August 18, 2022
DEPT. OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number 1.22000364233.

This amendment is submitted to amend the following:

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

No changes made

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

No changes made

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

No changes made

(Mailing address MAY BE A POST OFFICE BOX)

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:

No changes made

New Registered Office Address:

No changes made

Enter Florida street address

No changes made

Florida

No changes made

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------------|----------------------------|--|
| AMBR | Nicole Johnson | 1050 Roxanna Rd. | <input type="checkbox"/> Add |
| | | Ft. Walton Beach, FL 32547 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| AMBR | Dr. Matthew Johnson | 1050 Roxanna Rd. | <input checked="" type="checkbox"/> Add |
| | | Ft. Walton Beach, FL 32547 | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Change |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Correcting titles to represent existing member as well as adding AMBR.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

As soon as possible

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 31 2022

Ruebe Johnson

Signature of a member or authorized representative of a member

Nicole Johnson

Typed or printed name of signee