## 123000066761

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R. HUNT 02/2/23

## **COVER LETTER**

TO:

	tion Section of Corporati	ons					
Нор	Rods LLC						
SUBJECT:		Name of Lim	ited Liability Company				
The enclosed Arti	cles of Amen	lment and fee(s) are sub-	mitted for filing.				
Please return all c	orrespondence	concerning this matter	to the following:				
	Cł	ristopher Nieves & Farr	ah Boudreaux				
			Name of Person		· •	F	
	Н	p Rods LLC			171	)23 F.E	
			Firm/Company		至云	7.7 CO	
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	Or	mond Beach, FL 32174		i	FL	<u>+</u>	
	info	@hoprodsfl.com  E-mail address: ()	City/State and Zip Code	ification)			
For further inform	ation concern	ing this matter, please ca	·	·			
Chris Nieves			908 581-2620				
Name of Person				ne Telephone Number			
Enclosed is a chec	k for the follo	wing amount:					
<b>≡</b> \$25.00 Filing	Fee 🗆 :	30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fi Certifical Certified (additional	te of Sta Copy	tus &	
Divisio P.O. Bo	Address: ation Section of Corpor ox 6327 ssee, FL 32	ations	Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee. Fl	rporations Tallahassee oe Street, Suite 8	10		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hop Rods 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 February 6th, 2023 and assigned Florida document number <u>L23</u>000066761 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) Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida street address

## 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.

City

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>	Type of Action
MGR	Christopher Nieves	704 Hope St.	■Add
		Ormond Beach, FL 32174	□Remove
			□Change
			□Add
			□Remove
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an effective	ate, if other than date is listed, the date date inserted in the	e must be specific	and cannot b	e prior to dat	e of filing or	more than 90	days after f	iling.) Pursu date will no	ant to 60	5.021 ted
	effective date on t				tatutory m	ing requirer	nents, this	uate will in	J. OC 11.5	icu i
record spe	cifies a delayed eff	fective date, but	not an effec	tive time, a	t 12:01 a.m	on the ear	lier of: (b)	The 90th	day afte	er th
			2023							
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Filing Fee: \$25.00