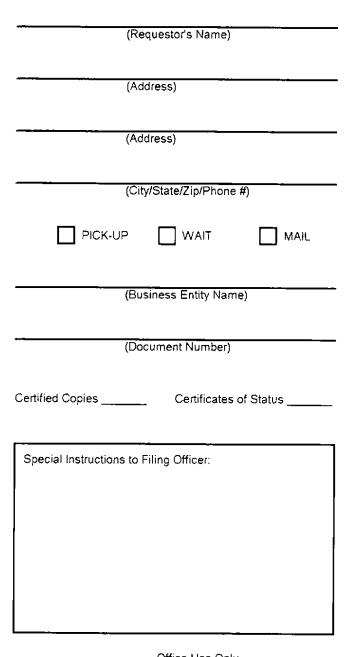
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Office Use Only



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SEGRETALY OF STATE

FILED

## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations				
Hoeckendo					
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	James R Hoeckendorf				
	<del></del>	Name of Person			
	Hoeckendorf LLC				
	<del></del> -	Firm/Company			
	1081 Kenwood Ave				
		Address	<del></del>		
	Winter Park, FL 32789				
	<del></del>	City/State and Zip Code			
	E-mail address: (	to be used for future annual report noti-	fication)		
For further information c	oncerning this matter, please c	all:			
Jim Hoeckendorf		321 303-3803			
Name of Person		at () Area Code Daytim	e Telephone Number		
Enclosed is a check for the	ne 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 Addres	is:	Street Address:			
Registration Section		Registration Section			
Division of Corporations		Division of Cor	porations		
P.O. Box 6327		The Centre of T	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOECKENDORF LLC		
(Name of the Limited Liability C (A Florida Lir	ompany as it now appears on our recornited Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Com Florida document number L23000078521	npany were filed on Feb 03, 2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLo	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FILE 2024 HAY 24 PH SEGNE SART OF TALL / HASSE
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter	ms = O
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	
	, F	lorida
	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>	Address	Type of Action
AR	HOECKENDORF, STACIE R	1081 KENWOOD AVE	□Add
		WINTER PARK, FL 32789	■Remove
			[] Change
			□Add
			Remove
			☐Change
		<del></del>	□Add
		_	□Remove
		<del> </del>	□Add
			□Remove
			☐ Change
		··	□Add
			□Remove
			□Change
			□Add
			□ Remove
			Change

Effective date, if other than the date of filing:					· · · · · · · · · · · · · · · · · · ·		<del>.</del>
(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 (  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records.  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 ord is filed.  Dated			<del></del>				
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Dated	lf an effec <u>Note:</u> If		the Department of	State's records.			
Signature of a member or authorized representative of a member	If an effec Note: If documer e record:	nt's effective date on specifies a delayed ef	·		ne, at 12:01 a.m. on t	he earlier of: (b) T	ne 90th day after the
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