## L23000256572

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OF STORY OF CORPORATION

## COVER LETTER

TO: Registration Sect Division of Corpo		•	•
SUBJECT:	HOI-RETE Name of Limi	Enterprise	2 LLC
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Holrite Hol-Rit Mailbox:#1 6901 Oka	Name of Person  EFTHER PIN  Firm/Company  OOT  Pechobee F  Address	Sivd Ste D52
	West police Holitec E-mail address: (1	City/State and Zip Code  City/State and Zip Code  Company of the C	Bivd Ste D588 FL33411 24 PH 12: 6
For further information cor	ncerning this matter, please ca	all:	0
Holrite Name of I	Alcy Person	at ( <u>954) 648</u> 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:	i	<u>Street Address:</u>	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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 Limited Liability Company as it not appears on our records.)					
(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 $\frac{05-25\cdot2023}{25\cdot2023}$ and assigned Florida document number $\frac{1\cdot2300025}{65\cdot72}$					
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 "LLC" or the abbreviation "L.L.C."					
Enter new principal offices address, if applicable: MOINDX # 1067					
(Principal office address MUST BE A STREET ADDRESS) 6901 Okee Chabee BIVD St					
West Palm Barch FL 33411					
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  Polym Springs, FL 334					
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					
Florida S					
City Zip Code Signature if the selection of the selection					
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 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
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If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  To note worthouse the first the first transfer of the	n
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_	<i>.</i>
Effective date, if other than the date of filing: 5-25-2023 (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 605.02  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	
he 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 thord is filed.	૧૯
Dated Aug. 18th. 2023.  Signature of a member or authorized representative of a member.	
Signature of a member or authorized representative of a member	
Holrite Alcu Typed or printed name of signee	

Filing Fee: \$25.00