## 123000453919

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

	Registration Se Division of Cor					
01:01:0	Entity name	<del>-</del>				
SUBJEC	:T:	Name of Lim	ited Liability Company		<del></del>	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ret	turn all correspo	ndence concerning this matter	to the following:			
		Jonathan Hoffmann				
			Name of Person		<del></del>	
		5922 Grassy Point Rd				
			Address		····	
Winter Garden, FL 34787						
			to be used for future annu-	al report natifies	wion)	
Name of Person  HOFFMANN REALTY GROUP LLC  Firm/Company  5922 Grassy Point Rd  Address  Winter Garden, FL 34787  City/State and Zip Code  jhoffmann.fl@gmail.com						
Jonathan	Hoffmann					
	Name o	t Person		Daytime T	elephone Number	
Enclosed	is a check for th	ne following amount:				
<b>■</b> \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55 00 Filing For Certified Copy (additional copy is e		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addres Registration S			Address: tration Secti	on	
	Division of C	Corporations	Divisi	on of Corpo	prations	
	P.O. Box 632 Tallahassee, l			Centre of Tal N. Monroe S	tanassee Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOFFMANN REALTY GROUP LLC		
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records Limited Liability Company)	<u>F)</u>
The Articles of Organization for this Limited Liability C Florida document number <u>L23000453919</u>	Company were filed on 10/02/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
JONATHAN HOFFMANN LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2.
(Principal office address MUST BE A STREET ADDR		18.3
Principul Office unuress MOST BE A STREET ADDR	(L33)	
Enter new mailing address, if applicable:		<u></u>
Mailing address MAY BE A POST OFFICE BOX)	<del>-</del>	<u> </u>
Manning manifest Maria Delivariante Delivariante Delivariante deliversity		0
3. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:	d office address on our records, <u>enter</u>	the name of the new regist
New Registered Office Address:	Enter Florida street address	
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	, F10	orida

## 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 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
			□Add
			□Remove
			Change
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an efi l <mark>ote:</mark>	ive date, if other than the date of filing:  [cotive 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 605.020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records.
	rd 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
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