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## **COVER LETTER**

TO:

	gistration Se ision of Cor			
CUDIECT.	Hotshot O.0	G., LLC		
SUBJECT:		Name of Limited Liability Company		
The enclosed	d Anticles of .	Amendment and fec(s) are sub	mitted for filing.	
Please returi	ali correspo	ndence concerning this matter	to the following:	
		Curt Bender		
			Name of Person	<del></del>
		BenderJegal, PLLC		
			Firm/Company	
		P.O. Box 181283		
			Address	
		Tallahassee, FL 32303		
			City/State and Zip Code	
		curt@bender.legal		
For further i	nformation c	E-mail address: () oncerning this matter, please c	to be used for future annual report no all:	ufication)
Curt Bende			407 467-7278	
<u> </u>	Name of	f Person	at () Area Code Daytii	me Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00 1	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)
	iling Addres gistration S		Street Address: Registration S	ection
Di	vision of C	orporations	Division of Co	orporations
	). Box 632 Ilahassee, I		The Centre of 2415 N. Monre	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hotshot O.G., LLC		
( <u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records imited Liability Company)	<u>.)</u>
The Articles of Organization for this Limited Liability Conforda document number 1.24000289622 1.24000289622		and assigned
This amendment is submitted to amend the following:		•
A. If amending name, enter the new name of the limite	ed liability company here:	
Hotshots O.G., LLC		
The new name must be distinguishable and contain the words "Limited	d Liability Company." the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE.	<u> </u>	
	<u></u>	
Enter new mailing address, if applicable:		3
Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
3. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter t	he name of the new register
igent and/or the new registered office address here.		د
Name of New Registered Agent:		
Name of New Registered Agent.		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street address	
	Flo	rida

## 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
MBR Daniela Russel	Daniela Russel	1524 NW Main Blvd	■Add
		Lake City, FL 32005	□Remove
			□Change
			□Add
			□Remove
			□Change
		□Add	
		<del></del>	□Remove
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		<del></del>	□Change

(If an et <u>Note:</u>	tive date, if other than the date of filing:
the reco	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 iled.
Dated	8-21-24
	Signature of a member or authorized representative of a member
	Bryce Tinsley by Cut Bender, Est. (P.C.A) Typed or printed name of signee