L25000272584

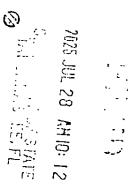
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
3

Office Use Only



300455017463

07/28/25--01012--022 ++25.00



Colleen Hoffman 15343 Spotted Stallion Trl Jacksonville, FL 32234 410-440-9184

To mom it may Concern:

I need to add myself as the manager of Colleen Hoffman, LLC. Payment enclosed.

Colleentoffner Colleen Hoffman

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Colleen Hoffman, LLC		
(Name of the Limited Liability Company as It (A Florida Limited Liability	now appears on our records.) Company)	
he Articles of Organization for this Limited Liability Company were	filed on 6/11/2025 a	nd assigned
lorida document number 1.25000272584		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability co	ompany here:	
he new name must be distinguishable and contain the words "Limited Liability Con	npany," the designation "LLC" or the abbrevial	ion "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
	QD .	
	<u> </u>	£2£
	-	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
nter new mailing address, if applicable:		N " " **
Mailing address MAY BE A POST OFFICE BOX)	**************************************	<u> </u>
	#목	= =
		5 (7)
3. If amending the registered agent and/or registered office addresgent and/or the new registered office address here:	s on our records, enter the name of t	he new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
	LABEL I TOTTIMA STEEL GALLESS	
	, Florida	
Ci	ty 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 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>	Name	<u>Address</u>	Type of Action
MGR	Colleen Hoffman	15343 Spotted Stallion Tri	■Add
		Jacksonville, FL 32234	□Remove
			□ Add
			□ Remove
			□Change
			□Add
			□Remove
			🗀 Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change

COVER LETTER

TO:		ration Secti on of Corpo			
SUBJEC		olleen Hoffn	nan, LLC		
SUBJE	c		Name of Limi	ted Liability Company	
The encl	losed Aı	rticles of An	nendment and fee(s) are subt	mitted for filing.	
Please re	eturn all	correspond	ence concerning this matter (to the following:	
			Colleen Hoffman		
				Name of Person	
				Firm/Company	
			15343 Spotted Stallion Trl		
				Address	-
			Jacksonville, FL 32234		
				City/State and Zip Code CICS JOX @ 9mal o be used for future annual report	
For furth	ner infor	mation con	cerning this matter, please ca	-	,
Co	مالعه	Name of Po	<u>, , , , , , , , , , , , , , , , , , , </u>	at (410) 440	7 - 9184 nime Telephone Number
Enclosed	d is a ch	eck for the	following amount:		
\$25 .	.00 Filir	ng F ee	☐ \$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:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

SET JUI 28 AM ID: 12 SET STATE SEE, FL		
7025 JUL 28 A		
7025 JUL 28 A		<u></u>
7025 JUL 28 A		
7.ALL: 28 A		
		2025 T.W.
		<u> </u>
		<u>ن.</u> د
FL FL		——————————————————————————————————————
		FAIL FL
	ote: If the date inserted in this block does not meet the applicable statutory fit cument's effective date on the Department of State's records.	ing requirements, this date will not be list
te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste cument's effective date on the Department of State's records.		
cument's effective date on the Department of State's records.	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m is filed.	n. on the earlier of: (b) The 90th day after
cument's effective date on the Department of State's records. Second specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	nted July 13 . 2025.	
cument's effective date on the Department of State's records. Second specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after		