

L25000272584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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07/26/25--01012--022 **25.00

2025 JUL 28 AM 10:12
STATE
RECEIVED

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

To Whom it may Concern:

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

Colleen Hoffman
Colleen Hoffman

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Colleen Hoffman, LLC

(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 6/11/2025 and assigned
Florida document number 125000272584.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 _____
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

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Colleen Hoffman, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence 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

colleensellsjax@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Colleen Hoffman

Name of Person

at

(410)

Area Code

440-9184

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2025 JUL 28 AM 10:12
SEAL OF STATE
TALLAHASSEE, FL

7025 JUL 28 AM 10:12
ST. JOE STATE
HALL, N. SIDE, FL
②

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated July 13, 2025

Cullen H. Hume

Colleen Hoffman

Typed or printed name of signee

Filing Fee: \$25.00