

LOS 000019512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Hines Services of NW FL 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:

**Nathan C Allon**

Name of Person

**Allon Services LLC**

Firm/Company

**1413 Minnesota Avenue**

Address

**Lynn Haven, FL 32444**

City/State and Zip Code

**nathanallon@comcast.net**

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

For further information concerning this matter, please call:

**Nathan C Allon**

Name of Person

at **850 527-6891**

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

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Hines Services of NW FL 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 03/05/2014 and assigned Florida document number L05000019512.

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 end with 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)

342 North Bonita Avenue  
Panama City, FL 32401

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

342 North Bonita Avenue  
Panama City, FL 32401

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**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: Rachel Hines

New Registered Office Address: 342 North Bonita Avenue  
Enter Florida street address

Panama City, Florida 32401  
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.*

Rachel A Hines  
**If Changing Registered Agent, Signature of New Registered Agent**

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Nathan C Allon	1413 Minnesota Ave	<input type="checkbox"/> Add
		Lynn Haven, FL 32444	<input checked="" type="checkbox"/> Remove
AR	Sean M Allon	2215 Baldwin Road	<input type="checkbox"/> Add
		Panama City, FL 32405	<input checked="" type="checkbox"/> Remove
AMBR	Rachel Hines	342 North Bonita Ave	<input checked="" type="checkbox"/> Add
		Panama City, FL 32401	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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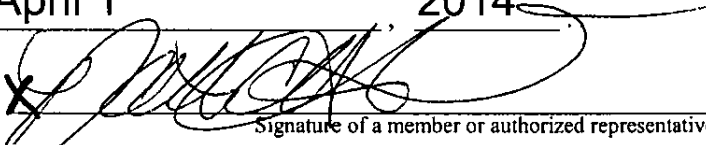
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 1, 2014



Signature of a member or authorized representative of a member

Nathan C Allon

Typed or printed name of signee

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