

LD1000004201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

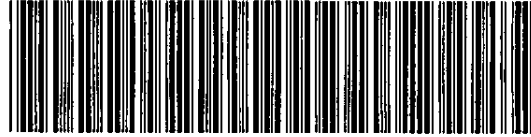
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500275842215

08/10/15--01012--017 **25.00

FILED
2015 AUG 20 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H. Culligan AUG 21 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOBE SOUND JOINT VENTURE 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:

MIKEL SPRAKER
Name of Person

HOBE SOUND JOINT VENTURE
Firm/Company

532 COLORADO AVE
Address

STUART FL 34994
City/State and Zip Code

MIKEL@SPRAKERCPA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIKEL SPRAKER at (772) 463 0882
Name of Person 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 AUG 20 PM 2: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 11, 2015

MIKEL C. SPRAKER, CPA
532 COLORADO AVENUE
STUART, FL 34994

SUBJECT: HOBE SOUND JOINT VENTURE, LLC
Ref. Number: L01000004201

We have received your document for HOBE SOUND JOINT VENTURE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 315A00016884

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2015 AUG 20 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HOBE SOUND JOINT VENTURE 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 3/15/2001 and assigned Florida document number LD1000004201

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: 532 COLORADO AVE
STUART FL 34994
(Principal office address MUST BE A STREET ADDRESS)

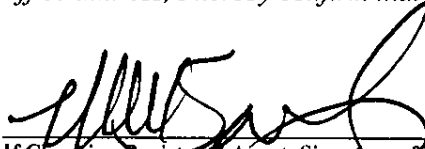
Enter new mailing address, if applicable: 532 COLORADO AVE
STUART FL 34994
(Mailing address MAY BE A POST OFFICE BOX)

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: MIKEI SPARKER
New Registered Office Address: 532 COLORADO AVE
Enter Florida street address
STUART, Florida 34994
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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	ROBIN VOID	1458 BEAVER HUN RD	<input type="checkbox"/> Add
		NONCROSS GA 30093	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MICHEL SPRAKER	532 COLORADO AVE	<input checked="" type="checkbox"/> Add
		STUART FL	<input type="checkbox"/> Remove
		34994	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

FILED
2015 AUG 20 AM 8:57
STATE OF ALABAMA
DEPARTMENT OF STATE

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective 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 605.0207 (3)(b)
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.

If the record 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 record is filed.

Dated August 17, 2015

[Handwritten Signature]
Signature of a member or authorized representative of a member

MIKEI SARKISER
Typed or printed name of signee