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APR 11 19 1: 4
SECRETARY OF STATE

C. LEWIS

APR 1 2 2013

EXAMINER

COVER LETTER

TOs	Registration Section
	Division of Corporations

-	2.2	

SUBJECT:

HRT, 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:

Barry E. Hughes, Esquire

Name of Person

Barry E. Hughes, Esquire

Firm/Company

900 Big Tree Road

Address

South Daytona, FL 32119

City/State and Zip Code

barry@barryhugheslaw.com

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

For further information concerning this matter, please call:

Barry E. Hughes, Esquire

_{.../}38€ 788-9667

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

13 APR II PH I: 43

			<u>.</u> .	rn 1:43
	HRT,		SE	CRETARY OF STATE
(<u>Name of the Limited</u>) (A	Liability Compan Florida Limited Li	v as it now app	ears on our record	AHASSEE, FLORIDA
(-2			,	
The Articles of Organization for this Limited Lia	ability Company v	were filed on _	4/11/2002	and assigned
Florida document number <u>10200008949</u>	·			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabi	ity company	here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limite	ed Liability Cor	mpany," the designa	tion "LLC" or the abbreviation
Enter new principal offices address, if applica	ıble:	2836 Ente	erprise Road	
(Principal office address MUST BE A STREET		Suite 3		
		Debary, F	L 32713	
Enter new mailing address, if applicable:			 	
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered off			n our records, <u>e</u>	nter the name of the new
Name of New Registered Agent:	Dustin Ramey			
New Registered Office Address:	2836 Enter	orise Road	, Suite 3	
			Enter Florida stre	et address
	Debary		. Flori	_{da} 32713
		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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: FILED MGR = Manager MGRM = Managing Member . 13 APR 11 " 1: 43 **Title** <u>Name</u> **Address Type of Action** SECRETARY OF STATE 1034 Torchwood Brive Charles Heacoc mgr Deland, FL 32724 **✓** Remove Jeffrey L. Timko 3623 Royal Fern Circle mgr Deland, FL 32724 **√** Remove **Dustin Ramey** 140 Bellwood Avenue mgr 2202 South Daytona, FL 321

Remove

D. If ar	fiending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	FILED
	13 APR rm : 44
	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Dated	04/02/2013
-	Signature of a member or authorized representative of a member
	Dustin Ramey
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00