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(F	Requesto	r's Name)	,
(/	Address)	······	
	Address)		
(0	City/State	/Zip/Phone	#)
PICK-UP		WAIT	MAIL
(E	Business	Entity Nam	e)
(1)	Documen	t Number)	
Certified Copies		Certificates	of Status
Special Instructions t	o Filing C	Officer:	
lam e vailabili ty			
Sections			
Examiner	Duc	a Hee Oak	,
Updarer	UCC Ding	e Use Only	•
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SECRETARY OF STATE

TRANSMITTAL LETTER

3						
TO: Registration Sec Division of Corp		-				
SUBJECT: Halcyon LI						
(Name of Limited Liability Company)						
	Amendment and fee(s) are su	_				
Jı	ennifer Griffin					
	(Name of Person)	A			
Halcyon	n LLC					
	•	(Firm/Company)				
8930 State	Rd 84, 197	(Address)				
Davi	e, FL 33324					
(City/State and Zip Code)						
For further information co	oncerning this matter, please	call:				
Jennifer Griffin		at (954)	423-1146	, 2		
	(Name of Person)		& Daytime Telephone Nund	er)		
Enclosed is a check for the f \$25.00 Filing Fee	ollowing amount: \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is en	HASSEL STATE OF THE STATE OF TH			
			(additional cor	ह″is enŒŒsed)		

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Н	alcyon LLC	
	(Present Name) (A Florida Limited Liability Company)	•

FIRST:	The Articles of Organization were filed on 4/14/03 and assigned document number L03000013283	
SECOND:	The following amendment(s) to the Articles of Organization was/were adopted by the limitability company:	ite
Add as	Managing Member	
-	Jennifer Griffin 8930 State Rd 84, 197	
	Davie, FL 33324	

Dated January 1	, 2005	ZOD5 JAN 18 SECRETARY TALLAHASSE
Qu's	signature of a member or authorized representative of a	OF STAND
geprifer Griffin, re	egistered agent Typed or printed name of signee	

Filing Fee: \$25.00