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JUL 2 5 2008

To:

Division of Corporations

Pax Number

: (850)617-6383

EXAMINER

From:

Account Name

: HENDRY, STONER, CALANDRING & BROWN, P.A.

Account Number : I20000000241

Phone Fax Number : (407)843-5880 : (407)425-7905

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MODEL CITIZENS, LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

H08000180683 3

COVER LETTER

COVERLETTER						
TO: Registration Se Division of Corp		•				
SUBJECT: MODEL	CITIZENS, LLC					
		ted Liability Company)				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	G. STEVEN BROWN					
		(Name of Person)				
	HENDRY, STONER,	CALANDRINO & BROWN, P.	A			
		(Firm/Company)	···			
	20 N. ORANGE AVE	VUE, SUITE 600				
		(Address)				
	ORLANDO, FL 32801		····			
		(City/State and Zip Code)				
For further information c	oncerning this matter, please c	all:				
G. STEVEN BROW	Ň	at (407) 843-5880				
(Name of Person) (Area		(Area Code & Daytime T	slephone Number)			
Enclosed is a check for the	ne following amount:					
□ \$25.00 Filing Pec	☑\$30.00 Filing Pee & Certificate of Status	C1\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy			

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

08 JUL 24 AM 10: 34

(additional copy is enclosed)

H08000180683 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MODEL CITIZENS, LLC		
(Name of the Limited Liability C (A Florida Li	Company as it now appears on o mited Liability Company)	ar records.)
The Articles of Organization for this Limited Liability Co.	mpany were filed on 05/23/20	03 and assigned
Torida document number L03000018713		
	~ '	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limit	ed liability company here:	
HAPE AND FORM, LLC		
The new name must be distinguishable and end with the word L.L.C."	s "Limited Liability Company," th	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		···
Principal office address MUST BE A STREET ADDRE	355)	
Enter new mailing address, if applicable:		
Malling address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or registered agent and/or the new registered office addresses agent and/or the new registered office addresses agent. 		cords, enter the name of the nev
New Registered Office Address:		
	(Enter F	orida street address)
		, Florida
	(City)	(Zip Code)
Yew Registered Agent's Signature, if changing Registered	Agent:	
hereby accept the appointment as registered agent a he provisions of all statutes relative to the proper and accept the obligations of my position as registered ag weing filed to merely reflect a change in the registered company has been notified in writing of this change.	l complete performance of my ent as provided for in Chapter	duties, and I am familiar with and 608, F.S. Or, if this document is
	(If Changing Registered Agent, Sig	mature of New Registered Agent)
	Page 1 of 2	1ATE
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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:

MGR = M MGRM = 1	anager Managing Member		
Title	Name	Address	Type of Action
			Add Remove
	·		Add Remove
			Add Remove
D. If amer	iding any other information, enter chang	ge(a) here: (Attach additional sheets, if necessary.)	
-			<u> </u>
Dated <u>JULY</u>	7 24 , 2008		
	Is Stu	en Browner or authorized representative of a member	08 JUL 24 SEGILTAR
	G. STEVEN BROWN, AUT Typec	HORIZED REPRESENTATIVE	IL 24
		Page 2 of 2	24 MIIO: 34 24 MIIO: 34 AFF OF STATE (SSEE FLORID)
		Filing Fee: \$25.00): 34 TATE ORIDA