

LD30000 50914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

WAIT

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MAIL

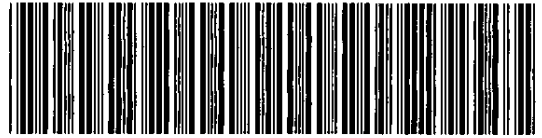
(Business Entity Name)

(Document Number)

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08 OCT -6 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
OCT 07 2008  
EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HUPER OPTIK FLORIDA, 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:

M. TODD BURKE, ESQ.

(Name of Person)

BURKE, BLUE, HUTCHISON, WALTERS & SMITH

(Firm/Company)

215 GRAND BOULEVARD, SUITE 101

(Address)

MIRAMAR BEACH, FLORIDA 32450

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Danna Ivey (Asst. to Todd Burke)

(Name of Person)

at (850) 267-9498

(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

HUPER OPTIK FLORIDA, LLC

Page 1 of 2

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 = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	N/A	N/A	<input type="checkbox"/> Add <input type="checkbox"/> Remove
	N/A	N/A	<input type="checkbox"/> Add <input type="checkbox"/> Remove
	N/A	N/A	<input type="checkbox"/> Add <input type="checkbox"/> Remove
	N/A	N/A	<input type="checkbox"/> Add <input type="checkbox"/> Remove
	N/A	N/A	<input type="checkbox"/> Add <input type="checkbox"/> Remove
	N/A	N/A	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
08 OCT -6 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated

September 30 2008

*Sam A. Levy*  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Sam Levy

\_\_\_\_\_  
Typed or printed name of signee