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EFFECTIVE DATE 10-1-14

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SEP 22 2014

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### **COVER LETTER**

TO: Registration Sec Division of Corp		,		
SUBJECT:	Richard L. Name of Lim	D. HWTER (	1 <u>LC.</u>	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspor	ndence concerning this matter	to the following:		
	Pick	Aut Huster Name of Person		
	FIL	CKy Dale Hunter	<u>«</u>	
	30 Pel	1ch DIC & 7	3/1-104 51	
	olds,	City/State and Zip Code	77	
	RICK HUVT E-mail address: (	to be used for future annual roport notific	OO'COM	
For further information co	ncerning this matter, please co	all:		
Ruck H Name of	Person	at ( ZZ) Sylvania Area Code Daytime T	Felephone Number	
Enclosed is a check for the	e following amount:		· · · · · · · · · · · · · · · · · · ·	
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	2 \$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

ame of the Limited Liability Company as it now appears
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 🔥 Florida document number 603000 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida street address

#### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			·
		<del>., , </del>	Add
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	te, if other than the date of filing: 10/1/2014 (optional)
The effective d	tte must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after cument is filed by the Florida Department of State)
(The effective d	te must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after

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Page 3 of 3

Filing Fee: \$25.00