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COVER LETTER

TO: Régistration S Division of Con					
SUBJECT:	HAWLEY EI	NTERPRISES, LLC			
Soldeci.		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	+	HAROLD R. HAWLEY			
		Name of Person			
HAWLEY ENTERPRISES, LLC					
		Firm/Company			
1611 SE 163 ST					
		Address			
HAWTHORNE, FL. 32640					
		City/State and Zip Code	artika kanana kanana		
	V E-mail address: (dhawley@gmail.com to be used for future annual report notific	ation)		
For further information (concerning this matter, please of				
	, p				
	LD R. HAWLEY	ut (665-7214		
Name o	of Person	Area Code & Daytime	Telephone Number		
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

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records	

HAWLEY ENTERPRISES, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab	oility Company were filed on	06/25/04	and assigned
Florida document numberL040004817			
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of t	he limited liability company her	<u>ne</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	any," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicab	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street ad	tress
		, Florida	
	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:

MGR = Manager

MGRM = Managing Member **Type of Action Address** Title . **Name DENNIS W. HAWLEY MGMR** 2817 S.E. COUNTY RD 234 ☐ Add Remove HAWTHORNE FL 32641 ☐ Remove ∏ Add ☐ Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **SEPTEMBER 2** 2010/ Dated Signature of a member of authorized representative of a member HAROLD R. HAWLEY Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00