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T. HAMPTON

JAN 2 3 2009

EXAMINER

COVER LETTER

Division of Corp	orations			
SUBJECT: Hartnett	Building Group, LL	С		
SUBJECT: VICIONIA	(Name of Lim	ited Liability Company)		
1	Building Group, LL (Name of Lim	,	•• • • • • • • • • • • • • • • • • • •	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	•	
Please return all correspond	dence concerning this matter	to the following:		
		by HART NETT (Name of Person)		
		(Firm/Company)		
	6024	SANTA MARBACITO (Address)	Way	
	FT. DieRce	FL 34951 (City/State and Zip Code)		
For further information cor	ncerning this matter, please ca	all:		
Voron Fields PA at (772 284-0890) (Name of Person) (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

TO:

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

HARTNETT BO	wilbind	GROUP	LLC		
Mame of the Limited Liability C (A Florida Lir	Company as it now mited Liability Con	appears on our r	records.)	-	
The Articles of Organization for this Limited Liability Cor Florida document number	mpany were filed	_		l assign	ed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limite	ed liability compa	ny here:			
~/ <u>a</u>	•	•			
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability	Company," the de	esignation "LLC" or	the abbr	eviation
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRE	<u> </u>			09	<u>≥</u> S
				JA	SIOR
				122	PATE
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)			H	F ST	
				2:	ATE
				01	70
B. If amending the registered agent and/or register registered agent and/or the new registered office addre		ss on our recor	ds, <u>enter the nam</u>	e of t	he new
Name of New Registered Agent:	······································		· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:					
		(Enter Florid	da street address)		
			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 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> Address **Type of Action** HERNANDO Cheey L HARTNETT Remove ☐ Add Remove Add Remove Remove Add Remove ┌ Add 🗖 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Jordan Fields Ammy
Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00