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SECRETARY OF STATE
TALLAHASSEC, FLORIDA

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COVER LETTER

	istration Sec ision of Corp		· ·	y
CUDIECT.	Harris an	d Hyde LLC	€	
SUBJECT:		Name of Lim	ited Liability Company	
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:	
		Laura Harris		
			Name of Person	
		Harris and Hyde LL0	C	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		5851 Heronpark Pla	ce	
			Address	
		Lithia FL 33547		
			City/State and Zip Code	.=-
		harrishyde@gmail.co		-
			to be used for future annual report noti	fication)
For further in	nformation co	oncerning this matter, please co	all:	
Laura Ha	rris		813 323-2935	;
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Harris and Hyde LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 500061888045	were filed on 12/7/2005	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5851 Heronpark PL	
(Principal office address MUST BE A STREET ADDRESS)	Lithia FL 33547	
Enter new mailing address, if applicable:	5851 Heronpark PL	
(Mailing address MAY BE A POST OFFICE BOX)	Lithia FL 33547	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:	<u>e</u> :	the name of the new
New Registered Agent's Signature, if changing Registered Agent:	City	Zip &de
The state of the contract of t		

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.

If Changing Registered Agent, Signature of New Registered Agent

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>:

MGR = · Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Leighton Hyde	6119 Churchside Dr	□ Add
		Lithia FL 33547	Remove
MGR	Laura Harris	5851 Heronpark PL	■ Add
		Lithia FL 33547	□ Remove
			□ Remove
			□ Add
			Remove CI
			SSEE GARd SSEE GARD ARCH STA GREEnove O
			□ Add

•	•
The effective of	ate, if other than the date of filing: (optional) late must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after occument is filed by the Florida Department of State)
Dated Octo	ober 21, 2014
_	Signature of a member or aluthorized representative of a member
L	aura Harris
_	Typed or printed name of signee

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Filing Fee: \$25.00

