LUCOOD 3U975

(Re	questor's Name)	,
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
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(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
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COVER LETTER

Division of Cor	porations			
SUBJECT:	BVTTERWORTH AND I Name of Limi	HUGHES INVESTMENT ited Liability Company	S, LLC	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	JAY B	SUTTERWORTH Name of Person		
		Name of Person		
	BUTTERWORTH	AND HUGHES INVESTI Firm/Company	MENTS, LLC	
		rim/Company		
	1341 W.L	AKESHORE DRIVE		
		Address		
	CLERMON	City/State and Zip Code C18@YAHOO. COM to be used for future annual report notific	· · · · · · · · · · · · · · · · · · ·	
	• n	City/State and Zip Code	\bowtie	
	Scenail address: (1	to be used for future annual report notific	cation)	
For further information of	concerning this matter, please ca		CARA CARA CARA CARA CARA CARA CARA CARA	
JAY BUTTE	ERWORTH	at (352) 360 - 3.	530 SSE &	
	f Person	at (352) 360 - 3. Area Code Daytime	Telephone Number	Ü
Enclosed is a check for the	he following amount:		로 유 · ·	
/	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,	
= vacoo i miig i vo	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status of Certified Copy (additional copy is enclose	

MAILING ADDRESS:

Registration Section

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

TO ARTICLES OF ORGANIZATION

BUTTERWORTH AND HUGHE		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company version of the Articles of Organization for this Limited Liability Company version of the Imited Liability Company version version version of the Imited Liability Company version ver	, ,	6_ and assigned
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1341 W. LAKESHORE	
(Principal office address MUST BE A STREET ADDRESS)	CLERMONT, FL 3	471/
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME AS ABOVE	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here.		the name of the new
Name of New Registered Agent:	<u>ॅं</u> हम- हम-	
New Registered Office Address:	Enter Florida 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 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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	,		□ Remove
			Change
-			Add
			□ Remove
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		A CONTRACTOR OF THE CONTRACTOR	
			☐ Remove
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			Add Add Remove R
			SEE TO Champed
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Effective date, if other than the date of filing: (Optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)th Moge; if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. The 90th day after the record is filed. Dated FERNARY 3 2016 Signature of a member or authorized representative of a member JAY BUTTERWIRTH	٠. –	
Effective date, if other than the date of filing:		
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Dated FEBRUARY 3 , 2016 . Signature of a member or authorized representative of a member	docum	ent's effective date on the Department of State's records.
Dated FEBRUARY 3 , 2016 . Dated Signature of a member or authorized representative of a member		
Dated FEBRUARY 3 , 2016 . Jay Bullywood Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member) The	90th day after the record is filed.
Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member	Dated	FEBRUARY 3 , 2016 .
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JAY BUTTERWORTH		/ Signature of a member or authorized representative of a member
JAY BUNEKWOKIH		(
Tuned or printed name of signes		

Page 3 of 3

Filing Fee: \$25.00