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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

HANNITY HOMES, LLC

A. LUNT

FEB 19 2009

EXAMINER

| · · · · · · · · · · · · · · · · · · · | |
|---------------------------------------|---------|
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February 13, 2009

FLORIDA DEPARTMENT OF STATE Division of Corporations

HANNITY HOMES, LLC 1024E. SILVER SPGS BLVD OCALA, FL 34470

SUBJECT: HANNITY HOMES, LLC

REF: L06000072620

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and or refax the complete document, including the electronic filing cover sheet.

Chapter 608, Florida Statutes, does not allow limited liability companies to issue shares or stock. Consequently, limited liability company documents cannot contain any references/terms which may implicate otherwise. Please delete any references to terms such as "shares," "stock," "stockholders," "shareholders" or the like from your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II FAX Aud. #: H09000033197 Letter Number: 409A00005242

RECEIVED
09 FEB 18 PM 12: 32
SECRETARY OF STATE
TALLAHASSEE, FLORINA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Co | ompany as it now appears on our record nod Liability Company) | R.) |
|---|--|--------------------------|
| The Articles of Organization for this Limited Liability Com | pany were filed on 07-21-2008 | and assigned |
| Florida document number L08000072520 | | |
| This amendment is submitted to amend the following: | | 2009 FEB |
| A. If amending name, enter the new name of the limited | d Hability company here: | 8 8 |
| The new name must be distinguishable and end with the words "L.L.C." | "Limited Liability Company," the designa | 9 |
| Enter new principal offices address, if applicable: | - Wade India | |
| (Principal office address MUST BE A STREET ADDRES | <u> </u> | <u> </u> |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or register registered agent and/or the new registered office address | | nter the name of the new |
| Name of New Registered Agent | | |
| New Registered Office Address: | (Enter Florida street address) | |
| <u></u> | Flor | |
| | (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 amonding 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 |
|---------------|---------------------------------------|--|----------------|
| MGRM | STEVE FOSTER | 1024 E SILVER SPRINGS BLVD CCALA FL 34470 | Add Remove |
| мдрм | KEVIN ADAMS | 1024 E SILVER SPRINGS BLVD OCALA, FL 34470 | Add Remove |
| | | | Add Remove |
| _ | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove 2 |
| D. If amend | ing 20y other information, enter chan | go(s) here: (Anach additional sheets, if necessa | |
| | | | AM 9: 56 |
| Dated | 2-012 2 | 009 | _ |
| | STEVE FOSTER | er or authorized representative of a member | |