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SECRETARY OF STATE TALLAHASSEE, FLORIS

FILED

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Battuell Contracting a Divelopment Name of Limited Liability Company	H,LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	,
Jason Boutwell Name of Person	
Boutwell Contracting + Development, 1 Firm/Company 9000, 00010 F1.34	JC.
5979 SE Maricamo Pood, Ocala Fr. 34	472
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (352) LOSO - O380 Area Code & Daytime Telephone Number	_
Englosed is a check for the following amount: \$\infty\$\$ \\$25.00 \text{ Filing Fee & } \\$55.00 \text{ Filing Fee & } \\$60.00 \text{ Filing Fe}\$	
Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy Certified Copy (additional co	
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

(Name of the Limited Liability Compa (A Florida Limited I	any as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 80010	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	2009 HA
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the desig	nation "FLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		H 2: 52
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5979 SF Ma Clava, Fr. 31	ricamp Rona
B. If amending the registered agent and/or registered of		enter the name of the new
registered agent and/or the new registered office address her Name of New Registered Agent:	<u>e</u> :	
New Registered Office Address:	Enter Florida st	
		rida
	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 Jason Bonfuell Remove ☐ Add ☐ Remove ☐ Add □ Remove Add Remove **Remove** D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a prember or authorized representative of a member

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00