# L070000000000

(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:  L. SELLERS  JUL - 9 2008  EXAMINER					

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07/07/08--01041--007 \*\*25.00

SECRETARY OF STATE

# **COVER LETTER**

SUBJECT: 2830 Plant Street LLC (Name of Limited Liability Company)							
The enclosed Articles of Amendment and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
	<u>Chris</u> Folson	(Name of Person)					
(Firm/Company)							
311 E. Jennings St.							
Tallahassee, Fl 32301 (City/State and Zip Code)							
For further information concerning this matter, please call:							
Sco++ (Name o	Person)	at ( <u>850) 521-580</u> (Area Code & Daytime Te	O(o elephone 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 Division of Corporations

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

FILED 08 JUL -7 AM 10: 12

SECRETARY OF STATE TALLAHASSEE FLORIDA

2020 DI	, 0	· (- 1	1 /	AJOEC   COMDIT
(Name of the Limited	ムヘナ ン Liability Compar	treef (	on our records.)	
(Name of the Limited (A	Florida Limited L	iability Company)		
The Articles of Organization for this Limited Li	ability Company	were filed on	0/12/07	and assigned
Florida document number <u>L 07000</u> 0	<u> 2069</u>			
This amendment is submitted to amend the follo	owing:			
A. If amending name, <u>enter the new name of</u>	the limited liab	ility company here	<b>:</b>	
				•
The new name must be distinguishable and end wit "L.L.C."	h the words "Limit	ted Liability Compan	y," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applica	able:			
(Principal office address MUST BE A STREE	TADDRESS)			
				•
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE I	BOX)			
B. If amending the registered agent and/or the new registered of			ır records, <u>enter t</u>	he name of the new
registered agent and/or the new registered or	iice address here	2•		
Name of New Registered Agent:	Chai	stopher	W. Cc	uì^
New Registered Office Address:		/Fut	er Florida street add	lross)
		(Ent		= .
		(City)	, Florida	(Zip Code)
		(~)		(Lip 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 hability 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 <u>Title</u> Name Address Hunter & Hap Holdings, LCC ☐ Remove ☐ 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 Page 2 of 2

Filing Fee: \$25.00