L0700043208

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



600187862716

11/19/10--01018--006 **25.00

T CLINE

NOV 2 2 2010

EXAMINER

COVER LETTER

Division of Co	erporations		
SUBJECT:	Robert K. I	lughes, Sr., L.L.C.	
	Name of Lim		
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
		James Zadrozny	
		Name of Person	
	Flexstake, Inc.		
		Firm/Company	
	2150 Andrea Lane		
		Address	
	Fort Myers, FL 33912		
		City/State and Zip Code	The second
	E-mail address: (jim@flexstake.com to be used for future annual report notification)	
For further information	concerning this matter, please of	call:	1988 X 11 V V V V V V V V V V V V V V V V V
Jar	mes Zadrozny	at (239) 481-3539	art _{an} , m
Name	of Person	Area Code & Daytime Telephone Number	# T
Enclosed is a check for	the following amount:		W (1) = 5
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status &
	LING ADDRESS:	STREET/COURIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Robert	K. Hughes, Sr., L.L.C.		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears of ida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Florida document number	· · ·	6/14/07 an	d assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company here:		
The new name must be distinguishable and end with the "L.L.C."	• • •	"the designation "LLC" of	the abbreviation
Enter new principal offices address, if applicable:			
<u>(Principal office address MUST BE A STREET AL</u>	DDRESS)		
		Fig	7.2
		三	
Enter new mailing address, if applicable:		1. T.	401.6.1414
(Mailing address MAY BE A POST OFFICE BOX	1		9 1
<u> </u>			ike a
		35	55
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our address here:	records, enter the na	me of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address , Florida		
_	City		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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Julie Devries	3775 Timberline Dr W. Des Moines, IA 50265	Add Remove
MGR_	Katherine Zadrozny	12936 Sand Point Court Et_Myers_EL_33919	Add ✓ Remove
MGR	Robert K Hughes, Jr.	5222 Sunset Court Cape Coral, FL 33904	Add Remove
MGR	Janie Harmon	2354 La Salle Avenue Ft. Myers, FL 33907	Add ✓ Remove
MGR_	Robert K Hughes, Sr.	2150 Andrea Lane Ft. Myers, FL 33912	Add ∇ Remove
MGRM	Robert K Hughes, Sr.	2150 Andrea Lane Et. Myers, FL 33912	Z Add Remove
D. If amend	ling any other information, enter cl	nange(s) here: (Attach additional sheets, if necessary)	The state of the s
 Dated	November 16th	2010 .	<u> </u>
Daicu	QUA)		
		mber or authorized representative of a member	
		Robert K. Hughes, Sr.	
	1	yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00