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2009 MAY II AM II: 57 SECRETARY OF STATE TALLAHASSEE, FLORID;

M. THOMAS

MAY 12 2009

EXAMPLE T

## **COVER LETTER**

TO: , Registration Se Division of Cor				
SUBJECT:	The Wil	d Hare, L.L.C.		
	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		Aleta Burgett		THE SECRETARY OF STATE
		Name of Person		夏云
	Aberc	rombie's Wild Hare, L.L.C.		7 - 7
		Firm/Company		SHOT E
	2	00 First Street South		
		Address		
	W	/inter Haven, FI 33880		***
		City/State and Zip Code	<del></del>	<del>-</del>
	عاد	taburgett@yahoo.com		
	E-mail address: (	to be used for future annual report not	ification)	
For further information	concerning this matter, please of	call:		
	lleta Burgett	at ( 863 )	293-1752	
Name	of Person	Area Code & Daytii	me Telephone Numbe	er
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certifie	ate of Status &
•				

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

The Wild Ha	are, L.L.C.			
(Name of the Limited Liability Compar (A Florida Limited L	iv as it now appear iability Company)	rs on our records.	<del></del>	
The Articles of Organization for this Limited Liability Company  Florida document numberL08000035225	were filed on	April 7, 2008	and assigned	
Fiorida document number				
This amendment is submitted to amend the following:		7	THE STORY	
A. If amending name, enter the new name of the limited liab	ility company her	<u>re</u> :		
Abercrombie's Wil			S. P.	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Compa	any." the designation "L	LC of the abbreviation	
Enter new principal offices address, if applicable:	200 First Stre	eet South		
(Principal office address MUST BE A STREET ADDRESS)	RESS) Winter Haven, FI 33880			
	000 5: 01			
Enter new mailing address, if applicable:	200 First Stre			
(Mailing address MAY BE A POST OFFICE BOX)	Winter Haven, FI 33880			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·		
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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Address** Type of Action <u>Title</u> <u>Name</u> Add [ Remove ☐ Add Remove ☐ Add Remove Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) May 4 2009 Signature of a member or authorized representative of a member Aleta Burgett Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00