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EXAMINER



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Hubby'S FOR HIRE 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:
MARK OURSLER
Name of Person
Firm/Company .
8503 HAVANA HWY.
HAUANA FLA. 32333 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARK OUSIER at 850) 210-5617 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)

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

Hubby's For H	rure, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>5800082194</u>	were filed on 8 28 08	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Lim" L.L.C."	CIND DEVELOPMEN ited Liability Company," the designation "L	
Enter new principal offices address, if applicable:		l
(Principal office address MUST BE A STREET ADDRESS)		09
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	AHASSEE, FLOR	2 AH 10:5
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	Flice address on our records, enter t	<u> </u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	ress
	. 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Title ' Type of Action <u>Address</u> Name WILLIAM GREENE Remove Add Remove ☐ Add Remove Add Remove \square \wedge dd Remove \square 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 Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00