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EXAMINER



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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sand C Luikart 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:
Stephen Luik ART 1 Cynthia Luikart (and) (Name of Person)
SUC LUIKART LIC (Firm/Company)
10134 BRIAR CIRCLE (Address)
Hubbon, Fl. 344657 (City/State and Zip Code)
For further information concerning this matter, please call:
Cynthia Luika H at (157) 233-1027 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \(\text{Certificate of Status} \) Certificate of Status \(\text{Cadditional copy is enclosed} \) Certificate of Status \(\text{Certified Copy} \) (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

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

,	DIVISION OF CORFORATIONS
	08 NOV 14 PM 12: 15
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/ 1	OF	PM 12: 15
(and)	1 0	15
(Name of the Limited Liability	y Company as it now appears	an our moonds
(A Florida	y Company as it now appears (Limited Liability Company)	on our records.
The Articles of Organization for this Limited Liability		-3- 3008 and assigned
Florida document number <u>LO8000109553</u>	3.	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
HONEY HOLE DILLEMORS	.11 C	
HONEY HOLE OUTDORS. The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company	"the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
<i>)</i>		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
R If amonding the registered egent and/or regis	stand office address on our	was and a section the many of the same
B. If amending the registered agent and/or registered agent and/or the new registered office add	nered onice address on our lress here:	records, enter the name of the new
Name of New Registered Agent:	***************************************	
New Registered Office Address:		
	(Ente	r Florida street address)
		, Florida
	(Citv)	(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:

<u>Title</u>	Name	Address	Type of Action
· · · · · · · · · · · · · · · · · · ·			Add Remove
······································			Add Remove
			Add Remove
			Add Remove
			Add Remove
* 			Add Remove
D. If amen	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
			-
Dated 10	vember 11, sax	28	

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Filing Fee: \$25.00