## L0800009979

(Requestor's Name)				
(Address)				
(Address)				
(City/Ctata/Zin/Dhana #A				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				

Special Instructions to Filing Officer:

A. LUNT

SEP 27 2010

**EXAMINER** 

Office Use Only



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SECHETARY OF STATE TALLAHASSEE, FLORIBA

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September 16, 2010

JASON LIVINGSTON 1227 NOTTINGHAM ST. ORLANDO, FL 32803

SUBJECT: HARRY'S HAUL, LLC Ref. Number: L08000109979

We have received your document for HARRY'S HAUL, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Letter Number: 110A00022095

Agnes Lunt Regulatory Specialist II

www.sunbiz.org

## HARRY'S HAUL DEMOLITION MANAGERS

September 9, 2010 Florida Department Of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Fl 32301

Att: Mrs. Carol Mustain

RE: Harry's Haul

Dear Mrs. Mustain,

I am writing in regards to Harrys Haul LLC and HH800 Inc. I am requesting that HH800 Inc name be changed back to Harry's Haul Inc and that Harry's Haul LLCs name be changed to Mid Town Demolition & Recycling. I am the principle for both companies. If you have any questions please feel free to contact me directly at 407-342-6816

Jason Livingston

## **COVER LETTER**

TO: Registration Sec Division of Corp					
SUBJECT:	-IARRY'S H Name of Lim	ited Liability Company			
	Amendment and fee(s) are sulndence concerning this matter	•			
	JASON HARR	Liuingston Name of Person	FALLA TALLA	2010 S	
	_	Firm/Company  Totto 5T  Address  F( 32803	AHASSEE, FLORID	2010 SEP 24 PM 4: 84	
		City/State and Zip Code  Charry have	tion)	•	
	encerning this matter, please of the control of th	at ( 407 ) 342-6816  Area Code & Daytime T			
Enclosed is a check for the	s following amount: \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing F Certificate of Certified Cop (additional co	Status &	
	NG ADDRESS:	STREET/COURIER Parietyntion Section	R ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HARRY'S HAUL L	_ <u> </u>		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on ou oility Company)		
The Articles of Organization for this Limited Liability Company we Florida document number <u>L08000109979</u> .  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability of the limited liability of the limited liability of the limited liability.	ty company here:	ARY OF STATE SSEE, FLORIDA	ASSIGNED TO THE WORLD
MID TOWN DemoLITION & Restrict The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Company," the	e designation "LLC"	or the abbreviation
Enter new principal offices address, if applicable:	1227 NOT	stullan 5	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	ORLANDS	FL 32803	)
Enter new mailing address, if applicable:	1227 NOT	ב המשרבי	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	0612400	PL 32803	
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:		cords, enter the i	
	Lines Filos		
	City	, Florida Z	ip 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Man MGRM = Man	ager anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Add Remove
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- Black the distribution of the Black the Blac	······································		Add Remove
D. If amendi	ing any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	<del></del>
· ·			_
  Dated			<del></del>
Dateu		r or authorized representative of a member	<del></del>
		or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00