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| (Requestor's Name) | | | | |
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| . (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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| Office Use Only | | | | |
| B. KOHR NOV 27 2012 | | | | |
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> 12 HOV 26 PH 3: 41 SECRETARY OF STATE

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|--|---|---|--|--|--|--|
| COVER LETTER | | | | | | |
| TO: Registration Section Division of Corporations | | • • | | | | |
| SUBJECT: Hewett Name of I | Survices LLC Limited Liability Company | | | | | |
| The enclosed Articles of Amendment and fee(s) are | e submitted for filing. | | | | | |
| Please return all correspondence concerning this m | atter to the following: | 10 12 - | | | | |
| Keen | 19 Martin Name of Person H Survices, LLC Firm/Company | ALL ATTACK PH 3: 41 | | | | |
| 402 | W. Chester St- Address | | | | | |
| | City/State and Zip Code City/State and Zip Code rtinegnail.com ess: (to be used for future annual report notification) | | | | | |
| For further information concerning this matter, please call: | | | | | | |
| Name of Person | at (<u>352)</u> <u>536 - 0723</u> Area Code & Daytime Telephone N | umber | | | | |
| Enclosed is a check for the following amount: | | | | | | |
| ▼\$25.00 Filing Fee Certificate of State | us Certified Copy Cen (additional copy is enclosed) Cen | 00 Filing Fee, tificate of Status & tified Copy ditional copy is enclosed) | | | | |
| | ···· | | | | | |
| MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle | SS: | | | | |

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2661 Executive Center Circle Tallahassee, FL 32301

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| ARTICLES OF | AMENDMENT | |
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| | DRGANIZATION | |
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| Denald Same | C 110 | PITC OF THE |
| Heweft Service | \rightarrow , μ | wr records.) |
| (A Florida Limited | any as it now appears on e Liability Company) | 1 |
| The Articles of Organization for this Limited Liability Company | www. | 12000 and resigned |
| Florida document number <u>L09 0000 200 2</u> | | and assigned a |
| Florida document number 1010000200 C | | 11 m |
| This amendment is submitted to amend the following: | | |
| _ | | |
| A. If amending name, <u>enter the new name of the limited lial</u> | <u>bility company here</u> : | |
| <u>n/a</u> | | |
| The new name must be distinguishable and end with the words "Lim "L.L.C." | nited Liability Company," t | he designation "LLC" or the abbreviation |
| | * | |
| Enter new principal offices address, if applicable: | <u> </u> | |
| (Principal office address MUST BE A STREET ADDRESS) | · · · · · · · · · · · · · · · · · · · | |
| | · | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | ······ | |
| | | |
| B. If amending the registered agent and/or registered o | Cas address on our r | enands onten the name of the new |
| registered agent and/or the new registered office address he | | ecolus, enter the name of the new |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| <u></u> | Enter Florid | |
| | | , Florida |
| <u></u> | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent | <u>t:</u> | |
| | _ | |
| hereby accept the appointment as registered agent and ag | ree to act in this canaci | ty. I further agree to comply with |

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

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

MGR = Manager MGRM = Managing Member

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| Title | Name | Address | Type of Action | | | | |
|---------------------------------|---|--|-------------------|--|--|--|--|
| MGRM | Michael Leathers Hewett | 402 West Chester St. Minneola, FL 34715 | Add Remove | | | | |
| | | | Add Remove | | | | |
| | <u> </u> | | Add Remove | | | | |
| | | | Add Remove | | | | |
| | | | Add Remove | | | | |
| | 、 、 | | Add Remove | | | | |
| D. If amendin | ig any other information, enter change(| s) here: (Attach additional sheets, if necessary.) | _ | | | | |
| | | | | | | | |
| Dated Nove | mbr 18, 2012 | | | | | | |
| _ | Kan | A Martin, MGR faithorized representative of a member Keenig Martin | | | | | |
| Typed or printed name of signee | | | | | | | |
| | Page 2 of 2 | | | | | | |

Filing Fee: \$25.00