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T. CLINE.
MAY - 7 2009
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HRL Pointing L. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Hubert Ray Lindsey
HRL Painting LLC Firm/Corepany
8870 Riverbend Road Address
Address Address Fanning Springs \$1.32693 APP ASSERVE AND ADDRESS (to be used for future annual report notification) E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Hubert Ray Linds ey at 352) 463 6364 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: [] \$25.00 Filing Fee
(amendonal copy is citotosca)

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

HRL Painting (Name of the Limited Liability Ch (A Florida Limi	ompañy as it now appears on our rec ited Liability Company)	cords.)	
The Articles of Organization for this Limited Liability Complete Florida document number 109000389		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company here:		
The new name must be distinguishable and end with the words "L.L.C."	'Limited Liability Company," the desi	gnation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		AFFC BB	
(Principal office address MUST BE A STREET ADDRES	<u>(S)</u>	AFE T	
Enter new mailing address, if applicable:		SSEE, FLORR	
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere		s, enter the name of the new	
registered agent and/or the new registered office address	s nere:		
Name of New Registered Agent:		14 July 18 July 19 Jul	
New Registered Office Address:	Enter Florida street address		
		orida	
	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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Type of Action <u>Title</u> Name **Address** Jason Allen Ward MGRH ☐ Add Remove ☐ Add Remove Add D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00