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10 MAY 21 PM 1: 26
SECRETARY OF STATE

J. BRYAN

MAY 24 2010

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Sec Division of Corp				
SUBJE	CT:	Hutton F	Properties, LLC		
		Name of Limit	ed Liability Company		
The end	closed Articles of A	amendment and fee(s) are sub	mitted for filing.		
Please	return all correspon	dence concerning this matter	to the following:		
			Amanda Butler		
		H	utton Properties, LLC		
			Firm/Company		
		940 West Oakland Ave Unit A3			图 3
			Address		翌 三
		Oakland FL 34787			FILEU O MAY 21 PM 1:26 SECRETARY OF STATE
			City/State and Zip Code		
		E-mail address: (t	utler@djbimports.com o be used for future annual report notifica	tion)	·····································
For fur	ther information co	ncerning this matter, please c	alt:		ign of
	Ama	anda Butler	we (	54-6076	
	Name of	Person	Area Code & Daytime T	Telephone Number	r
Enclose	ed is a check for the	e following amount:			
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
		NG ADDRESS:	STREET/COURIE	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

			題るて
Hutton	Properties, LLC	an our records	- TOPE - M
( <u>Name of the Limited Liability (</u> (A Florida Li	mited Liability Company)	rs on our records.	一等 文
The Articles of Organization for this Limited Liability Co	mpany were filed on	05/08/09	and assigned
Florida document numberL09000045177	_·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company he	<u>re</u> :	
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Comp	any," the designation "	LLC" or the abbreviatio
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u> </u>		
	· <u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	·		·
B. If amending the registered agent and/or registered agent and/or the new registered office addre		our records, <u>enter</u>	the name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Er	nter Florida street add	dress
		, Florida	
	City		Zin 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 <u>Title</u> Name Address Type of Action MGRM Donald J. Bonnette 940 West Oakland Ave Unit A3 ☐ Add
☑ Remove Oakland FL 34787 Eric Delisle MGRM 940 West Oakland Ave Unit A3 Oakland FL 34787 ✓ Add Remove ☐ Add Remove ∏Add Remove □Add Remove ∏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

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Filing Fee: \$25.00