

L 09000060110

(Requestor's Name)

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(City/State/Zip/Phone #)

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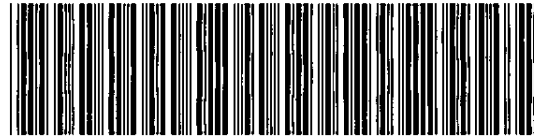
(Business Entity Name)

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DATE: 10/21/14

NAME: HRSMARTERIII, LLC

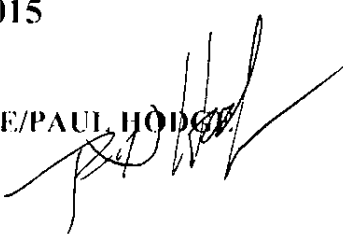
TYPE OF FILING: AMENDMENT

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AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HRSMARTERIII, LLC (f/k/a EA CLAMCO 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:

Jane Henson

Name of Person

McAfee & Taft A Professional Corporation

Firm/Company

10th Fl, Two Leadership Square, 211 N. Robinson

Address

Oklahoma City, Oklahoma 73102

City/State and Zip Code

carl.guidice@icloud.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jane Henson

Name of Person

405 at ()

Area Code

552-2362

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☒ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

EA CLAMCO LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on June 22, 2009 and assigned
Florida document number L09000060110.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

HRSMARTERIII, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

9749 Lounsberry Circle

(Principal office address MUST BE A STREET ADDRESS)

Golden Oak, Florida 32836

Enter new mailing address, if applicable:

9749 Lounsberry Circle

(Mailing address MAY BE A POST OFFICE BOX)

Golden Oak, Florida 32836

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Capitol Corporate Services, Inc.

New Registered Office Address:

155 Office Plaza Drive, Suite A

Enter Florida street address

Tallahassee

Florida 32301

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 605, 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.

William Case, asst. sec.

If Changing Registered Agent, Signature of New Registered Agent

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member


<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Robert L. Sarver II		<input type="checkbox"/> Add
		11692 Gateway Blvd.	<input checked="" type="checkbox"/> Remove
		Fort Myers, FL 33913	
AMBR	Carl W. Guidice	9749 Lounsberry Circle	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Golden Oak, FL 32836	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 21, 2014



Signature of a member or authorized representative of a member

Carl W. Guldice, Authorized Member

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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