

L09000060529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

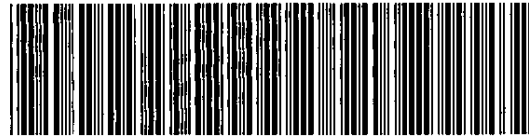
Special Instructions to Filing Officer:

A. LUNT

SEP - 3 2010

EXAMINER

Office Use Only



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09/02/10--01007--017 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 SEP - 2 PM 12:10

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Three Hackers 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:

JOHN ARINIELLO  
Name of Person

THREE HACKERS LLC  
Firm/Company

2041 9TH ST. N. NAPLES, FL 34102  
Address

NAPLES, FL 34102  
City/State and Zip Code

JOHNNY BEACHCOMBER @YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN ARINIELLO at (239) 261-1001  
Name of Person Area Code & 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

FILED  
2010 SEP -2 PM 12:10  
TALLAHASSEE, FL 32301  
SECRETARY OF STATE

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

THREE HACKERS 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 6/22/09 and assigned  
Florida document number L09000060529

FILED  
20 SEP -2 PM 12:10  
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

THREE HACKERS LLC  
2041 9TH ST. N.  
NAPIES, FL. 34102

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

THREE HACKERS LLC  
2041 9TH ST. N.  
NAPIES, FL 34102

**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:

New Registered Office Address:

Enter Florida street address

Florida

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

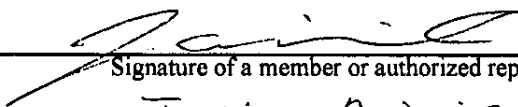
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	

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

MAILING ADDRESS CHANGE ONLY

Dated AUG. 30, 2010.

  
 Signature of a member or authorized representative of a member  
JOHN ARINIELLO  
 Typed or printed name of signee

FILED  
 2010 SEP -2 PM 12:10  
 STATE OF FLORIDA  
 TALLAHASSEE, FL 32304