

LO9000087378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

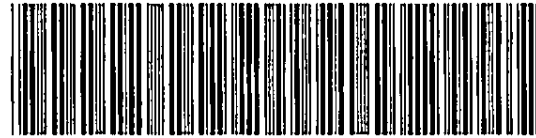
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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10/10/17--01023--038 **25.00

D. SCOTT

OCT 11 2017



6405 South 3000 East, Suite 150, Salt Lake City, UT 84121
W 801 527 1040 • F 801 527 1000 • yorkhowell.com

October 2, 2017

Via US First Class Mail

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Hapax LLC

To Whom It May Concern,

Please accept this letter as our request to file the following enclosed document:

- Articles of Amendment to Articles of Organization of Hapax LLC (2 copies).

I have enclosed a check, number 6700 in the amount of \$25.00 to cover the filing fee associated therewith. Please file the enclosed document as soon as you are able and return a date stamped copy to me in the self-addressed, stamped envelope provided.

Thank you for your attention to this matter.

Very truly yours,

YORK HOWELL & GUYMON

A handwritten signature in black ink, appearing to read "Spencer Witt", written over a horizontal line.

Spencer Witt
Law Clerk to Andrew L. Howell, Esq.

ALH/sw
Encs.

COVER LETTER

**TO: Registration Section
Division of Corporations**

Hapax LLC

SUBJECT: _____
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:

Spencer Witt

Name of Person

York Howell & Guymon

Firm/Company

6405 South 3000 East, Suite 150

Address

Salt Lake City, Utah 84121

City/State and Zip Code

ikelemen@yahoo.com

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

For further information concerning this matter, please call:

Spencer Witt

801

527-1040

at (_____) _____

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

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

Hapax 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 September 10, 2009 and assigned
Florida document number 1.09000087378.

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 contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

City

Florida

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGR	Ian K. Clemens	470 South Cochran Rd.	<input type="checkbox"/> Add
		Geneva, FL 32732 US	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Heather L. Clemens	470 South Cochran Rd.	<input type="checkbox"/> Add
		Geneva, FL 32732 US	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Effective upon filing, the company shall no longer be managed by members, but shall be managed by managers.

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated September 26, 201 7

Signature of a member or authorized representative of a member

Typed or printed name of signee