L0900095164

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
·	
PICK-UP	WAIT MAIL
40.	The state of the s
(Bi	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status

Special Instructions to Filing Officer.

L. SELLERS

DCT 3 0 2009

EXAMINER

Office Use Only



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10/28/09--01008--023 **25.00

O9 OCT 28 AM 8: 18
SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corpor	en Pations
SUBJECT:	Rick Hawking LLC Name of Limited Liability Company
The enclosed Articles of Am	endment and fee(s) are submitted for filing.
Please return all corresponde	ence concerning this matter to the following:
-	Rick Hankins Name of Person Pick Hankins LLC Firm/Company Address Address Deland FL 32720 City/State and Zip Code hawkair addirect V. het E-mail address: (to be used for future annual report notification) Changing to Hawk Air Heating & Coding Rick Hawkins E-mail address: (to be used for future annual report notification)
For further information conc	erning this matter, please call:
Rick Name of Per	-lawkins at (386), 589-8976
Enclosed is a check for the fo	\$30.00 Filing Fee & \$\ \text{S55.00 Filing Fee & }\ \text{Certificate of Status & Certified Copy (additional copy is enclosed)} \text{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

Rick Hawkin	is L	_L(
(Name of the Limited Liability Comp (A Florida Limited	pany as it	t now ap	pears on ou	r records.)		
(A rional Limie	ı Diabiili)	Compa	.,, &:od	ΜΑ،د		
The Articles of Organization for this Limited Liability Compar	ny were	filed on	10-02	- 2009	and assign	ned
Florida document number 109 100 95164	2					
L09000095164	•					
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited lin	ability co	ompany	here:			
Howk Air Heating	& (100	ins	LLC		
The new name must be distinguishable and end with the words "Li	mited Lia	ibility Co	ompany," the	designation "L	LC" or the abb	reviation
"L.L.C."						
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRESS)						
						 -
Enter new mailing address, if applicable:			11.12.		÷	
(Mailing address MAY BE A POST OFFICE BOX)						
			. (• \ •	<u> </u>	·	
Commence of the second			727	ŧ	•	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ddress (on our rec	ords, <u>enter t</u>	he name of 1	the new
registered agent and/or the new registered office address in	ere.					
Name of New Registered Agent:					e1 _	
Name of New Registered Agent.					- F. G.	
New Registered Office Address:			Entan Elas	ida street add	<u></u>	
			Enter Flor	iaa sireei aaa	82 × × × × × × × × × × × × × × × × × × ×	
C + P	C:4:			_, Florida	7:1-<	-
	City		· *** *		Zip Code z ⊊ ∽ co	O
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>				COKIE STAL 8: 18	
Thereby accept the appointment as registered agent and ag	gree to a	ict in th	is capacity	. I further ao	ree to comply	with
the provisions of all statutes relative to the proper and con	npiete pe	erjorma	nce oj my a	iuties, ana i a	ım jamınar w	un ana
accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered office						ent is
being fred to merely refrect a change in the registered office	ce uaur c	33, 1 110	coy congu.	in that the tim	mea maemy	

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = N	nager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, e	enter change(s) here: (Attach additional sheets, if necessary.)	
			_
			O9 OCT
Dated	10-26	, 2009 Ribi	FILED 09 OCT 28 AM 8: 18 SECRETARY OF STATE ALLAHASSEE FUORIDA
	Signature	of a member or authorized representative of a member Rick Hawkins Typed or printed name of signee	8: 18

Page 2 of 2

Filing Fee: \$25.00