

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		Ì
: :		

Office Use Only



200249039712

06/20/13--01001--014 **25.00

13 JUN 20 PH E: 18

STATE OF THE PARTY OF THE PARTY

COVER LETTER

O: Registration Section Division of Corporations
SUBJECT: E+B Hawling Services, 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:
William Hooker Name of Person
Et B Hading Services Firm/Company
R340 E Fairway Lp Address
Tryerness FL 34450 City/State and Zip Code
E-mail address: (to be used 6) future annual report notification)
For further information concerning this matter, please call:
William R. Hooken at (35) 302-6073 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) 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

Et B Hauling Services, 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 12/14/05 and assigned
Florida document number LOGOCO118165
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)
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: William Hooker
New Registered Office Address: \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
·
<u>Loverness</u> , Florida 34456 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 **Title** Name **Address Type of Action** Elisha Hooker 8240 E FEIRWEY 1p Inverness, FL 34450 Add Remove ANASSIES FEI [·]; Remove Remove Remove Remove

. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
-	
-	
_	
ated	6-18-13
aicu	
	hilden [[K]]
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member William R. HOOKER
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00