L10000011866

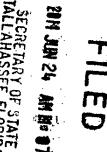
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
JUN 27 2010
EXAMINER

Office Use Only



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04/18/11--01014--002 **25.00





FLORIDA DEPARTMENT OF STATE Division of Corporations

April 19, 2011

DOMENIC H. CALICCHIA 1520 BOTTLEBRUSH DR. NE PALM BAY, FL 32905

SUBJECT: HARTMAN FINANCIAL GROUP LLC

Ref. Number: L10000019866

We have received your document for HARTMAN FINANCIAL GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Letter Number: 811A00009488

Agnes Lunt Regulatory Specialist II

www.sunbiz.org



May 13, 2011

DOMENIC H. CALICCHIA 1520 BOTTLEBRUSH DR. NE PALM BAY, FL 32905

SUBJECT: HARTMAN FINANCIAL GROUP LLC

Ref. Number: L10000019866

We have received your document for HARTMAN FINANCIAL GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Letter Number: 111A00011958

Agnes Lunt Regulatory Specialist II

www.sunbiz.org

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	HARTMAN FINANC	CIAL GROUP LLC	
	Name of Lim	ited Liability Company	
The enclosed Article	es of Amendment and fee(s) are su	bmitted for filing.	
Please return all cor	respondence concerning this matte	r to the following:	
	DOMENIC H.		
		Name of Person	
	PROFESSIONA	L ACCOUNTING SERVICES	S
		Firm/Company	TAE SE
	1520 BOTTLE	BRUSH DR. NE	CRE TARN LAHASS
	PALM BAY, F		TARY OF HASSEE. F
		City/State and Zip Code	
			RA
		to be used for future annual report notificati	on)
For further informat	ion concerning this matter, please of	call:	
		at ()	
Nί	me of Person	Area Code & Daytime Te	lephone Number
Enclosed is a check	for the following amount:		
₹₹ \$25.00 Filing Fe	e \$\sum \$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 Registration Section Division of Corporatio Clifton Building 2661 Executive Center	ns

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HARTMAN FINANCIAL GROUP 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 ___FEBRUARY Florida document number L10000019866 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: 1520 BOTTLEBRUSH DR. NE PALM BAY, FL (Principal office address MUST BE A STREET ADDRESS) 32905 1520 BOTTLEBRUSH DR. NE Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) PALM BAY, FL 32905 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: DOMINIC MORMILE Name of New Registered Agent: 1520 BOTTLEBRUSH DR. NE New Registered Office Address: Enter Florida street address

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.

PALM BAY

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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> Address Type of Action ☐ Add ☐ Remove ☐ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated MARCH 23, 2011 Signature of a member or authorized representative of a member

Page 2 of 2

Typed or printed name of signee

DOMINIC MORMILE

Filing Fee: \$25.00