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## **COVER LETTER**

Division of Corp	orations		
SUBJECT: Hu P	harted LLC		
SOBJECT.	Name of Limit	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Glenn D. Be	erger	
		Name of Person	<del></del>
			<del></del>
		Firm/Company	
	6199 NW 3	1st Court	
		Address	
	<b>Boca Rator</b>	n, Florida 33496	
		City/State and Zip Code	7A.S.
	drglenn63@gm	ail.com o be used for future annual report notification	
For further information as	oncerning this matter, please co	-	ZNIS JAN 10 SECRETARS
:			rin * C
Glenn D. E	Berger	<sub>at (</sub> 561 <sub>)</sub> 504-9560	
Name of	Person	Area Code & Daytime Tele	phone Number OR 10: 44
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	□\$30.00 Filing Fee &Certificate of Status	Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:** 

TO:

**Registration Section** 

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

Hu Pharted LLC				
(Name of the Limited Liab) (A Flori	ility Company as it now appears on da Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Florida document number L10000028933	y Company were filed on 3/15/2	2010	and assi	gned
This amendment is submitted to amend the following	ŗ.			
A. If amending name, <u>enter the new name of the l</u>	limited liability company here:			
Hu Pharted Management and Landsca	aping, LLC			
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company,"	the designation "L	LC" or the ab	breviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DRESS)	<u>.</u> .		
Enter new mailing address, if applicable:			ZIII JAN	Ŋ
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		records, enter <del>(</del>	he name of	the new
Name of New Registered Agent:				<del></del>
New Registered Office Address:	Enter I	71 1	·	
	Enter I	lorida street add	ress	
_		, 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 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
<del></del>			·
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		•	Add
1			Remove

<ol><li>If amending any other information, en</li></ol>	ter change(s) here: (Attach additional sheets, if necessary.)
•	
January 8th	, 2013
Signature of	a member or authorized representative of a member
Glenn D. Berger	
******	Typed or printed name of signee

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SCORFARY OF STATE
FALL ANASSEE FLORID