

L100000049180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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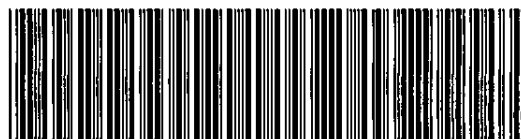
(Business Entity Name)

(Document Number)

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2011 NOV 30 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

DEC - 4 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HIPPO - CENTRAL FLORIDA, 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:

KENNETH E. WHITMIRE

Name of Person

HIPPO - CENTRAL FLORIDA, LLC

Firm/Company

P.O. BOX 47176

Address

TAMPA, FLORIDA 33647

City/State and Zip Code

KEN@UCGFLORIDA.COM

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

For further information concerning this matter, please call:

KENNETH WHITMIRE

Name of Person

at (813)

817-4273

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

FILED

2011 NOV 30 AM 11:29

HIPPO - CENTRAL FLORIDA, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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 05/07/10 and assigned
Florida document number L10000049180.

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:

4906 HALLSTED WAY

(Principal office address MUST BE A STREET ADDRESS)

TAMPA, FLORIDA 33647

Enter new mailing address, if applicable:

P.O. BOX 47176

(Mailing address MAY BE A POST OFFICE BOX)

TAMPA, FLORIDA 33646

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:

KENNETH E. WHITMIRE

New Registered Office Address:

4906 HALLSTEAD WAY

Enter Florida street address

TAMPA

Florida

33647

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Christopher Whitmire	19147 Dove Creek Drive Tampa, Florida 33646	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Kenneth Whitmire	4906 Hallstead Way Tampa, Florida 33646	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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2011 NOV 30 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated

November 15, 2011

Signature of a member or authorized representative of a member

Kenneth E. Whitmire

Typed or printed name of signee