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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
JAN 08 2016  
S. YOUNG

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** H.A.M. Beefs 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:

Sidney S. Pittman

Name of Person

Firm/Company

16600 Willow Point Court

Address

Alva, FL 33920

City/State and Zip Code

sidpit2004@gmail.com

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

For further information concerning this matter, please call:

Sidney S. Pittman

Name of Person

863

at ( )

Area Code

990 7537

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$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 ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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16 JAN - 7 PM 3:13  
SPECIAL AGENT OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

H.A.M. Beef's 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 1/4/2011 and assigned  
Florida document number L11000001405.

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 contain 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)

16600 Willow Point Court  
Alva, FL 33920

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

16600 Willow Point Court  
Alva FL 33920

**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:

Sidney S. Pittman

New Registered Office Address:

16600 Willow Point Court

Enter Florida street address

Alva

City

Florida

33920

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 605, 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.*

[Signature]

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Bruce J. Fair	18031 River Chase Court	<input type="checkbox"/> Add
		Alva, FL 33920	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sidney S. Pittman	16600 Willow Point Court	<input checked="" type="checkbox"/> Add
		Alva, FL 33920	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Robert Klein	11841 Palm Beach Blvd	<input checked="" type="checkbox"/> Add
		Ft. Myers FL 33905	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated Jan 1, 2016

Signature of a member or authorized representative of a member

**Sidney S. Pittman**

Typed or printed name of signee

FILED  
6 JAN -7 PM 3 14  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA