Uddoyo

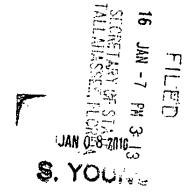
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
,		

Office Use Only



200280683182

01/07/16--01024--018 **25.00



COVER LETTER

4

Registration Section

TO:

Division of Cor	Pot actions			
SUBJECT:		H.A.M. Beefs LLC		
SUBJECT.	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
		Sidney S. Pittman		
		Name of Person	-	
		Firm/Company		
		16600 Willow Point Court		\$ 16
	•	Address Alva, FL 33920	•	
		City/State and Zip Code		22至 上
		sidpit2004@gmail.com		
	E-mail address: (to be used for future annual report not	ification)	<u>ω</u> ω
For further information c	oncerning this matter, please ca	all:		₽ 13
Sidney S	. Pittman	863 990 7537		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne following amount:			•
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &
Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 ussee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle	·

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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.

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 Title Name <u>Address</u> **Type of Action** Bruce J. Fair MGR 18031 River Chase Court □ Add Alva, FL 33920 Remove ☐ Change MGR Sidney S. 1 ☐ Change arch Robert Klein 11841 Palm Beach Blud ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change

famending any other information, enter change(s) here: (Attach additional sheets, if nec		
		
	-to-toPVIII	··· ·
		
		
Effective date, if other than the date of filing:	tional) er filing.) Pursuant t nis date will not b	to 605.020 e listed a
e record specifies a delayed effective date, but not an effective time, at 12:01 The 90th day after the record is filed.	a.m. on the e	arlier
Jated Jan 1, 2016		
	MA	
11 Allen		
Signature of a member or authorized representative of a member	GRX S	

Page 3 of 3

Filing Fee: \$25.00