## 11000031446

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TALLAMASSES, FLORIE

B. BOSTICK

JAN 1 8 2012

EXAMINER

## COVER LÎTTER

	egistration Sec vision of Corp				
SUBJECT	, :	G & J Hul	b Creations, LLC		
		Name of Limi	ted Liability Company		
The enclose	ed Articles of A	mendment and fee(s) are sul	omitted for filing.		
Please retur	n all correspon	dence concerning this matter	to the following:		
		Ga	ary or Joanna Hubbard		
	Name of Person				
		G 8	J Hub Creations, LLC		
	Firm/Company				
		304	3043 S. Waukesha Street		
			Address		
•		Bonifay, FL 32425			
			City/State and Zip Code	Η	
		E-mail address: (i	bbard417@yahoo.com to be used for future annual report notifice	ation) Property 7	
For further	information cor	ncerning this matter, please c		ation) Z JAH RS SS	
	Gary or J	oanna Hubbard	at ( 850 ) 8	92-7716	
	Name of I	Person	Area Code & Daytime	92-7716 Telephone Number	
Enclosed is	a check for the	following amount:		D <sub>A</sub>	
\$25.00 F	Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
		G ADDRESS:	STREET/COURIE Registration Section	R ADDRESS:	

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G & J Hub Cre	eations, LLC	• · · · · · · · · · · · · · · · · · · ·		
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	v as it now appea iability Company)	irs on our records.		
The Articles of Organization for this Limited Liability Company	were filed on	March 15, 2011	1 and :	assigned
Florida document number <u>L11000031446</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company he	<u>re</u> :		
G & J Hubb Cre				
The new name must be distinguishable and end with the words "Limit" L.L.C."	ed Liability Comp	any," the designation	"LLC" or th	e abbreviation
Enter new principal offices address, if applicable:	3043 S. Waukesha Street			
(Principal office address MUST BE A STREET ADDRESS)	Bonifay, FL 32425			
				**************************************
Enter new mailing address, if applicable:	Iress, if applicable: 324 Deer Run West			
(Mailing address MAY BE A POST OFFICE BOX)	DeFuniak Springs, FL 32435			
B. If amending the registered agent and/or registered office address here		our records, enter	the name	of the new
Name of New Registered Agent:				<u> </u>
New Registered Office Address:	E.	nter Florida street ad	ddraec.	<del></del>
	Er	, Florida		D TH
· · · · · · · · · · · · · · · · · · ·	City		Zip Co	de
New Registered Agent's Signature, if changing Registered Agent:			ATE ATE ATE	<u>.</u>

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:

	= Manager :\ I = Managing Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
			Add Remove
		· · · · · · · · · · · · · · · · · · ·	Add Remove
**************************************	<u> </u>		Add Remove
			Add Remove
	<del></del>		Add Remove
			Add Remove
D. If ar	Please amend Article III purpose f	ange(s) here: (Attach additional sheets, if necessary for which this Limited Liability Company is staurant Food Services to: any lawful busin	<del></del>
			12 JAN
Dated _	Yary	2011 L Hubbard	7 PH 5
	Signature of Type	nber or authorized representative of a member  Gary L. Hubbard ped or printed name of signee	TE NOA

Page 2 of 2

Filing Fee: \$25.00



January 4, 2012

GARY HUBBARD G & HUB CREATIONS, LLC 3043 S. WAUKESHA STREET BONIFAY, FL 32425

SUBJECT: G & J HUB CREATIONS, LLC

Ref. Number: L11000031446

We have received your document for G & J HUB CREATIONS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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) 245-6028.

Letter Number: 612A00000158

Barbara Bostick Regulatory Specialist II

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