## #L11000065092

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EXAMINER
AUG 29 2011

## **COVER LETTER**

	stration Section sion of Corporations
SUBJECT:	H&A WEAVER, 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:
	Horace Weaver
	Name of Person
	H&A WEAVER, LLC
	. Firm/Company
	31018 Lochmore Cir.
	Address
	Sorrento, Fl.
	City/State and Zip Code
	hweaver919@gmail.com  E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
	Horace Weaver at ( 352 ) 360-8403  Name of Person Area Code & Daytime Telephone Number
Enclosed is a	check for the following amount:
□\$25.00 Fil	ing Fee \$\ \bigcup \\$30.00 \text{ Filing Fee & } \ \text{Certificate of Status} \\ \text{Certified Copy (additional copy is enclosed)} \\ \text{S60.00 Filing Fee, } \ \text{Certified Copy (additional copy is enclosed)} \\ Cer

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

11 AUG 26 PM 2: 42 H&A WEAVER, 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 \_\_\_\_\_June 02, 2011 \_\_\_\_ and assigned Florida document number <u>L11000065092</u> 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

City

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 **Title** Type of Action Name 1 **Address** 31018 Lochmore Cir. ✓ Add
☐ Remove MGR Alice Weaver Sorrento, Fl. 32776 ☐ Add ☐ Remove ☐ Add Remove Remove  $\square$ Add Remove  $\prod$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated August 23 Signature of a member or authorized representative of a member Horace Weaver
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00