Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000018231 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number: I20070000020

Fax Number

: (813)435-3176 : (813)333-6358

Enter the email address for this business entity to be used for furure annual report mailings. Enter only one email address please.

mail	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HAMILTON ADAMS, LLC

Certificate of Status Certified Copy 0 Page Count 01 Estimated Charge \$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

Thursday, January 23, 2014

₹000/T000 (₹)

MICK SEKVDEIN

02/01/2032 02:02 FAX 8133336358 JAN 2 4 2014) N. Outlinen

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2014 JAN 23 AM 8: 35 SECH-TARY OF STATE TALLAMASSEE, FLORIDA

HAMILTON ADAMS, LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L11000070852	Company were filed on 06/17/2011	ar d assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and end with the words "I	Limited Liability Company," the designation "LLC" or the ab	brevia ion "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		the name of the n
Name of New Registered Agent:		·- <u>-</u>
New Registered Office Address:	Enter Florida street address	
	Puter 1. torond 21. Set mane 22	
	, Florida	Zip Code
	Series .	ens -cuic

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 l'ability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
mgr	PATRICIA A. EMRICK	1708 PATRICIA AVE	ff Add
		DUNEDIN, FL 34698	[] Remove
MGR	RONALD D. EMRICK	1708 PATRICIA AVE	[] Adá
		DUNEDIN, FL 34698	fill Remove
			
			[] Add
			E: Remove
	•		Add
			□ Remove
			
			D Add
			🗖 Remove
			Remove

Page 2 of 3

D.	D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary						ets, if necessary.)
		····					
						·	
E. ((The effective	ve date must be s	than the date of filing pecific, cannot be prior to dated by the Florida Departmen	le of receipt or fil	ed date and cannot be more the	(optional) nan 90 days after	
	Dated 0	1/23/		2014	 ,		
		1:	(-^				
		NICKOVA	· 1		rized representative of a men	NOTE OF A MEMBER	
		INICIAULA	ISO, OF IVALLIN A		D REFRESENTAL	IVE OF A MEMBER	

Page 3 of 3

Filing Fee: \$25.00

FILED
FILED
SIGNATARY OF STATE
STORE TAKEN OF STATE
STATE
STORE TAKEN OF STATE
ST