## · 11000114117

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(City/State/Zip/Phone #)			
(Business Entity Name)			
(Document Number)			
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COVER LETTER			
TO: Registration Division of C			
SUBJECT: Hun	ter & Harp Hospitality, LLC		
	Name of Limited Liability Company		
The enclosed Articles	of Amendment and fee(s) are submitted for filing.		
	pondence concerning this matter to the following:		
	Scott Williams		
	Name of Person		
	Hunter & Harp Hospitality, LLC		
	Firm/Company		
	311 E. Jennings Street		
	Address		
	Tallahassee, FL 32301		
	City/State and Zip Code		
	scott@hunterandharp.com		
	E-mail address: (to be used for future annual report notification)		
For further information	n concerning this matter, please call:		
• · · · • · · · · ·			

Scott Williams

Name of Person

at (850) 521-5819

Area Code & 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 comession)

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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

Hunter & Harp Hospitality, LLC	
( <u>Name of the Limited Liability Company as it now appears on our records</u> (A Florida Limited Liability Company)	.)
The Articles of Organization for this Limited Liability Company were filed on <u>10/5/11</u> Florida document number <u>L11000114117</u> .	and assigned
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 designati "L.L.C."	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	TAL

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
	Flo	rida

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.

If Changing Registered Agent, Signature of New Registered Agent

'If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records: y stall

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## MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	Hunter & Harp Holdings, LLC	311 E. Jennings Street	Add
		Tallahassee, FL	Remove
<u> </u>			Remove
	<u></u>		Add
			ISECRETA
			Den F
			_ Add
			Remove
			\ \ \ \ \ \ \
			Remove

**D.** If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated April 24 2013 Signature of a member or authorized representative of a member James/Kittrell Typed or printed name of signee

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Filing Fee: \$25.00

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