## \*L11000120226

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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K.SALY EXAMINER JUL 18 2013

## **COVER LETTER**

TO: Registration Section
Division of Corporations

THE HPOF Services 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:

Larry E. Jones

Name of Person

**HPOF Services LLC** 

Firm/Company

1101 N. Lake Destiny Rd, Ste 300

Address

Maitland, FL 32751

City/State and Zip Code

ljones1459@cfl.rr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Larry Jones

<sub>.,</sub>407 \**47592**13

Name of Person

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)

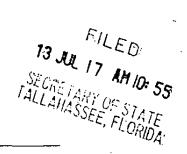
□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

**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



## **HPOF Service 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 Li	ability Company were file	d on 10/20/2011	and assigned	
Florida document number L11000120226	<u> </u>		-	
This amendment is submitted to amend the following	wing:			
A. If amending name, enter the new name of	the limited liability com	pany here:		
The new name must be distinguishable and end with "L.L.C."	1 the words "Limited Liabili	ty Company," the designation "LLC	" or the abbreviation	
Enter new principal offices address, if applica	ıble:			
(Principal office address MUST BE A STREE	T ADDRESS)			
		<del></del>		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE )	3 <i>0X</i> )	,		
B. If amending the registered agent and/or registered agent and/or the new registered of		ress on our records, enter the	name of the new	
Name of New Registered Agent:	Dina McKenna			
New Registered Office Address:	1101 N. Lake De	estiny Rd, Ste 300		
	Enter Florida street address			
	Maitland	, Florida <u>3275</u>	51	
	City	,,	Zip Code	
New Degistered Agent's Cignoture if shanging D	anintanad tananta			

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
<u> </u>			_	
			Remove	
			_ <del>_</del>	
			Add	
			Remove	
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			_ Add	
			Remove	

If amending any other informa	tion, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
<del> </del>	
July 9	2013
	I was En Je
	mature of a member or authorized representative of a member
Larry E. Jones	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00