L11000124062

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EXAMINER

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SECRE (ARY OF STATE TALLAHASSEE, FLORING

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COVER LETTER

TO: Registration Sect Division of Corpo					
SUBJECT:	Hatch- Name of Limit	er Contractors U ed Liability Company	<u>.C</u>		
The enclosed Articles of Ar	nendment and fee(s) are subr	nitted for filing.			
Please return all correspond	ence concerning this matter t	to the following:			
	R	oger Hatcher Name of Person			·
	<u> </u>	atcher Contractor	s UC	- n	
	•	124 Macapa Pa Address	<u> </u>	2012 HAR 12 SECRETARY	
	<u>Ja</u>	L FL 32224 City/State and Zip Code		RY 64	
٠,	ie	rkmo@aH.net be used for future annual report notificati	ion)	FE. FI AREA	C
For further information con-	cerning this matter, please ca	 N:		>	
Poor Name of Pe	r Hatcher	at (<u>904)</u> 223 - 29 Area Code & Daytime Te	elephone Number		
Enclosed is a check for the f	ollowing amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	osed)

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

Hatcher Contractors	LLC	
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	mpany)	
he Articles of Organization for this Limited Liability Company were filed	on <u>11-04-2011</u> and assig	ned
lorida document numberL11000126062		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability comp	any here:	
he new name must be distinguishable and end with the words "Limited Liabilit	y Company," the designation "LLC" or the ab	breviati
L.L.C."	2012 FALL	
Enter new principal offices address, if applicable:	<u>>#</u>	
Principal office address MUST BE A STREET ADDRESS)	TASSES	* !
	[T]	
Inter new mailing address, if applicable:	FL BRAD	mat _{S.}
Mailing address MAY BE A POST OFFICE BOX)	> 61	
. If amending the registered agent and/or registered office addre	ess on our records, enter the name of	the n
egistered agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
City	Zip Code	

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 **Title Address Type of Action** <u>Name</u> Delbert L. Kidder, Jr. 13724 Macapa Rd Add Remove Add Remove Add Remove Add 1 Remove Add Remove 2012dd Addinove Remove

	nding any other information, enter change(s) here: (Attach additional sheets	
_		de l
_		
_		
ed	2/8/12	

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00