

L11000/32439

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TALLAHASSEE, FL 32304

J. BRYAN

SEP 11 2012

EXAMINER

37837 Meridian Avenue, Suite 100  
Dade City, FL 33525  
(P.O. Box 2337, Dade City, FL 33526-2337)  
Tax ID# 59-2985033

# JAB & P

Johnson, Auvil, Brock & Pratico, P.A.

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September 5, 2012

**SENT VIA US REGULAR MAIL**

Florida Department of State  
Division of Corporations  
Attn: Registration Section  
Post Office Box 6327  
Tallahassee, FL 32314

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2012 SEP 10 PM 2:37  
DIVISION OF STATE  
CORPORATIONS  
TALLAHASSEE, FLORIDA

Re: **Articles of Amendment for Hawkeye Partners II, LLC**  
**Document Number: L11000132439**

To Whom It May Concern:

Enclosed, please find the Articles of Amendment for **HAWKEYE PARTNERS II, LLC**, (document number L11000132439) along with this firm's check representing the Twenty-Five and No/100 Dollars (\$25.00) fee to file the Articles of Amendment.

Please return all correspondence concerning this matter to my attention, at the address indicated herein.

Should you have any questions, please feel free to call me, or my assistant, Linda Armstrong, at (352) 567-2500.

Very Truly Yours,

**JOHNSON, AUVIL, BROCK & PRATICO, P.A.**



Sheada Madani

/smp

(Enclosures as Indicated)

ecc: Hawkeye Partners II, LLC

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

HAWKEYE PARTNERS II, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA  
CLERK OF CIRCUIT COURT

The Articles of Organization for this Limited Liability Company were filed on 11/21/2011 and assigned  
Florida document number L11000132439.

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)

37837 Meridian Avenue, Suite 100

Dade City, Florida 33525

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

37837 Meridian Avenue, Suite 100

Dade City, Florida 33525

**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:

Sheada Madani, Esquire

New Registered Office Address:

37837 Meridian Avenue, Suite 100

*Enter Florida street address*

Dade City

, Florida

33525

*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.*

Sheada Madani  
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>	<u>Address</u>	<u>Type of Action</u>
MGR	CAGLIANONE, MILLER, &	703 Lamar Avenue Brooksville, Florida 34601	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Sheada Madani	37837 Meridian Avenue, Suite 100 Dade City, Florida 33525	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA  
CLERK OF CIRCUIT COURT

Dated September 5, 2012

Sheada Madani  
Signature of a member or authorized representative of a member  
Manager  
Typed or printed name of signee