*L12000040124

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Emity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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2015 MAY 18 PM 3: 13

K.SALY EXAMINER MAY 19 2015 To Whom It May Concern:

This letter is to inform you that we have recently changed our business name from <u>Gearhouse Locker, LLC</u> to <u>Hitch Top Tents, LLC</u> effective immediately. Please be advised that there is no change in management or address.

If you have any questions, please contact our office at (727) 546-1536.

Signature Date	
Printed Name	
Signature 5/14/15 Printed Name	
STATE OF FLORIDA COUNTY OF PINELLAS	
The foregoing instrument was acknowledged before me this HTH day of MAY, 2015, by GLEN LAWSON and SKIP PIERCE managing partners of GEARHOUSE LOCKER Notary Public Common May, and SKIP PIERCE	
IAN CONWAY Commission # EE 191847 Expires May 5, 2016 Bonded Thru Troy Fain Insurance 800-385-7019	
Personally Known OR Produced Identification	
Type of Identification Produced	

COVER LETTER

TO: Registration Se Division of Cor							
Gearhouse SUBJECT:	e Locker, LLC						
SOBJECT:	Name of Lim	nited Liability Company					
	Amendment and fee(s) are sub	_					
	Glen J Lawson						
		Name of Person					
	Gearhouse Locker						
		Firm/Company					
6625 55th St N, Suite #140							
		Address					
	Pinellas Park, FL 33781						
		City/State and Zip Code					
	sales@gearhouselocker.con E-mail address: (1)	n to be used for future annual report notifi	cation)				
For further information co	oncerning this matter, please ca	·	,				
lan Conway		727 546-1536					
Name of	Person	Area Code Daytime	Telephone Number				
Enclosed is a check for th	e 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

FILED
2015 MAY 18 PM 3: 13
TALL AMASSEE, FLORIDS

Gearhouse Locker, LLC

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

		00\$			
The Articles of Organization for this Limited Liability Co	ompany were filed on 03/22/201	2 and assigned			
Florida document number L12000040124					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ted liability company here:				
Hitch Top Tents, LLC					
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDR	ESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
-					
B. If amending the registered agent and/or registered agent and/or the new registered office address	tered office address on our i	records, enter the name of the new			
Name of New Registered Agent:					
New Registered Office Address:					
New Registered Office Address.	Enter Florida stree	t address			
	Florida				
	City	, Florida Zip Code			
New Registered Agent's Signature, if changing Registered	d Agent:				
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and concept the obligations of my position as registered as being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my du zent as provided for in Chapte	ties, and I am familiar with and r 605, F.S. Or, if this document is			

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:						
MGR = M		Address Address				
<u>Title</u>	<u>Name</u>	<u>Address</u>	TALCHERALLY 3: 13 Type of Action			
			TALL AHASSEF, FLORIDA - Add			
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fective date	e, if other than	the date of f	iling:			(optional)		
an effective da <u>ote:</u> If the d	e, it other than te is listed, the date ate inserted in th	e must be specifi iis block does i	c and cannot b not meet the	ne prior to dat applicable s	le of filing or m statutory filing	ore than 90 days g <mark>require</mark> ments	after filing. s, this date) Pursuant to will not be	listed as
ocument's ef	fective date on the	he Department	of State's re	ecords.					
	: £:	d _ cc u.			-ee-alina	: at 10:	01	on the e	rlior o
	pecifies a dela day after the			out not an	errective t	ime, at 12:	UI a.III.	on the ea	inei o
ated	May 14	<u> </u>	, <u>20</u>	<u> 15</u> .					
	/								
			1						
-		Signature	of a member	or authorized	representative	of a member			_

Page 3 of 3

Filing Fee: \$25.00