

L12000008564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

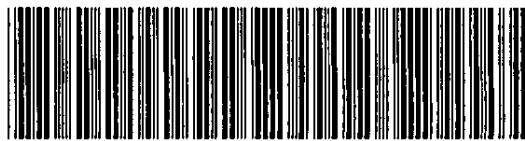
(Document Number)

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REGISTRATION  
TAKING  
IN  
REGISTRATION

FILED

13 APR 23 PM 3:01

## COVER LETTER

TO: **Registration Section**  
Division of Corporations

SUBJECT: Pikes Peak Distributors 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:

Richard Hauf

Name of Person

Pikes Peak Distributors LLC

Firm/Company

126 Annwood Rd

Address

Palm Harbor, FL 34685

City/State and Zip Code

floridadoctor@gmail.com

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

For further information concerning this matter, please call:

Richard Hauf

Name of Person

at 727 487-2950

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

*Pikes Peak Distributors 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 Liability Company were filed on 5/21/12 and assigned Florida document number L 12000068564.

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)

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Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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**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: \_\_\_\_\_

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**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Stephen T. Hauf	759 Dutton Avenue Santa Rosa, CA 95407	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Add
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Remove

<input type="checkbox"/>	Add
<input type="checkbox"/>	Remove

<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Add
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Remove
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	

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

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Dated 4/18/12, \_\_\_\_\_



Signature of a member or authorized representative of a member

Richard A. Hauf

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00