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EXAMINER



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GEGRETARY OF STATE
ALLAHASSEE, FLORID

# **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: 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:			
Name of Person			
Hangman Cycles, LLC			
9601d Willigan Road			
Cestview FL 32536 City/Stale and Zip Code			
Manaman Cycles a Jaho, com Email address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Mame of Person  Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)			

### MAILING ADDRESS:

t

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

Haraman	Cycles LL	<u>`</u>
(Name of the Limited Liability (A Florida L	Company as it now appears on o imited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on <u>6 - 1</u>	1-2012 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," th	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	<del></del>	
(Principal office address MUST BE A STREET ADDR.	ESS)	7 <u>7</u>
Enter new mailing address, if applicable:		UL 30 HASSI
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addr	ered office address on our re ress here:	cords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Flo	orida street address
		. Florida
	City	Zip Code
ny mandri 1 mandri 1 mandri 1	9. 44	

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

1-

MGR = Manager

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:

MGRM = Managing Member <u>Title</u> <u>Name</u> **Address Type of Action** John C. DeVerteuil N Add Remove ☐ Add Remove ☐ Add Remove □Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 4-27 2012. Tunubly DAU
Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00