LIAUGO IBHH56

(Requestor's Name)				
(Address)				
(Address)				
,				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Enuty Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



100253933551

12/06/13--01034--015 **55.00

2013 DEC -6 PM 3: 36
SELVANTARY DE STATE
AND ASSET FI ORIDA

DEC 0 9 2013

D. PRUSE.

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

Hauversburk Home Improvements, 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:

Nicholas Hauversburk

Name of Person

Hauversburk Home Improvements, LLC.

Firm/Company

27 Ritchie Ln

Address

Havana, FL. 32333

City/State and Zip Code

HHI.DBA@gmail.com

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

For further information concerning this matter, please call:

Nicholas Hauversburk

_{#/}850₁364-6122

Name of Person

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)

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

(Name of the Limited Linkili		our records)		
(A Florida	ity Company as it now appears on a Limited Liability Company)	our records.		
The Articles of Organization for this Limited Liability	Company were filed on August	14, 2012	and assi	oned €
Florida document number L12000104456			_	0
Torka document named	'			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability company here:			
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," t	the designation "LL	C" or the al	obreviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	ORESS)			
		2	22	
Enter new mailing address, if applicable:		رغت مرز مراجع	S	- American
(Mailing address MAY BE A POST OFFICE BOX)		On the	€ 6	i.
			3 3	
		Ţ.	ည်း မ	No.
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		ecords, enter the	hamerof	the new
Name of New Registered Agent:			.	
New Registered Office Address:				
	Enter Fl	orida street addre:	ss	
	City	, Florida	Zip Code	·
	City		ыр соае	

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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	<u>Address</u> <u>T</u>	pe of Action
MGR	Tyler Bush	394 sugarmill way, Havana, FL, 32333	✓ Add
•			Remove
•			
	 		Add
			Remove
			_
<u> </u>			Add
			Remove
		₽ 6. □ 07 >> 07 ± 07	2113 DEC
	 		Add
			ကြီ Remove ယ ယ
			Add
			Remove
			Add
			Remove

	ter change(s) here: (Attach additional sheets, if necessary.) In motors to make tim a Managing Member, relead of the life menager, phases call may at 500-304-4122 and it will worth the change cover the phone. Then
	
_d November, 22nd	2013
Pila	Hand I
11 - 1	a member or authorized representative of a member
Vichola	5 Hanvershur K Typed or printed name of signee
	Typed of printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 DEC - 6 PM 3: 36