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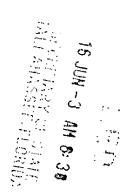
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

Division of Co		•
Hubco Ser	vices, LLC	
Sebuber.	Name of Limited Liability Company	
	Amendment and fee(s) are submitted for filing.	•
Please return all correspo	ondence concerning this matter to the following:	
	Andrea Edwards	
	Name of Person	
	Hall & Edwards, PA	
	Firm/Company	
	3791 A1A South, Suite B	
	Address	
	St. Augustine, FL 32080	
	City/State and Zip Code	
	andrea@halledwardspa.com E-mail address: (to be used for future annual rep	part politication)
For further information of	concerning this matter, please call:	AN INVITIGATION
Andrea Edwards	904 471-1 at ()	
Name o	of Person Area Code	Daytime Telephone Number
Enclosed is a check for t	the following amount:	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclose)	Sed) \$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

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hubco Services, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number L12000135967 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Hubco Building & Remodeling, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 City

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = A	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
			☐ Change
			□ Remove
			Change
			Add
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		layed effective e record is file		ot an effectiv	ve time, at 12:	01 a.m. on	the e	arlier o
Dated	May 3	31	2014	·	ntive of a member			
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Page 3 of 3

Filing Fee: \$25.00