

C13000017051

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : JECK, HARRIS, RAYNOR & JONES, P.A.
Account Number : I20000000210
Phone : (561) 713-2095
Fax Number : (561) 747-4113

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
9119 HAWKSBILL, LLC

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TALLAHASSEE, FLORIDA

COVER LETTER

(((H13000236009 3)))

**TO: Registration Section
Division of Corporations**

SUBJECT: 9119 Hawksbill, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kristen Hnasko, Certified Paralegal
Name of Person

Jeck, Harris, Raynor & Jones, P.A.
Firm/Company

790 Juno Ocean Walk, Suite 600
Address

Juno Beach, FL 33408
City/State and Zip Code

PJECK@JHRJPA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristen Hnasko at () **561-713-2084**
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)
- \$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

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TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(((H13000236009 3)))

9119 Hawksbill, 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 February 1, 2013 and assigned Florida document number L13000017051.

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)

8985 SE Bridge Rd.
Hobe Sound, FL 33455

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8985 SE Bridge Rd.
Hobe Sound, FL 33455

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TALLAHASSEE, FLORIDA

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: ((H13000236009 3))

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	Charles R. Modica	8985 S.E. Bridge Rd.	<input checked="" type="checkbox"/> Add
		Hobe Sound, FL 33455	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated October 22, 2013



Signature of a member or authorized representative of a member

Donald Bruce Kratz, Esq.

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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