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SECRETARY OF STATE VISION OF CORPORATIONS

C/21/15

<u>.</u>	C	COVER LETTER	
TO: Registration Section División of Corpora		MI TO THE RESERVE OF THE PERSON OF THE PERSO	•
SUBJECT:	HL Mull	INS CONSUL	TING
The enclosed Articles of Ame	endment and fee(s) are subm	nitted for filing.	
Please return all corresponde	nce concerning this matter to	o the following:	
	Beur	Name of Person	
	H.L.	Mullins Ce	NSulting
	Po	Box 320	<u>.</u>
		Address	•
	D''E	Sriew FL 3 City/State and Zip Code he 93313@C.	12071
•	1	City/State and Zip Code	
-	DAS F-mail address: (to	he 43313 @ C.	Sicon
For further information come		·	Catton
For further information conce		t	
Bever ly A	she	at (904) 210	7630 Telephone Number
·		Thea code Daytine	reiophone rumber
Enclosed is a check for the fo	illouing amount:		
		5 455 44 73 11	5 *** ** *** ***
□ \$25.00 Filing Fee □	2/\$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

HL Mullin	
(Name of the Limited Liability Com (A Florida Limite	pany 25 it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compared Florida document number	·
This amendment is submitted to amend the following:	OF THE
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and end with the words "Limited L	iability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	<u> </u>
(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 registered agent and/or the new registered office address h	office address on our records, enter the name of the new ere:
Name of New Registered Agent:	78.00.00.00.00.00.00.00.00.00.00.00.00.00
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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member <u>Title</u> **Address Type of Action Name** Beverly Ashe PO Box 320 OBrien, Fl V-Pres Add □ Remove _ Add ☐ Remove □ Add □ Add ☐ Remove _□ Add ☐ Remove

Page 2	of 3
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□ Remove

		SECRETARY OF STA DIVISION OF CORPORA
		DIVISION OF GORPONA
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Filing Fee: \$25.00