To: Page 2 of 6

PH 3: 02

4 MAR -4

RECEIVEL

Division Corpore

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number

(shown below) on the top and bottom of all pages of the document.

(((H14000052791 3)))



H140000527913ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)962-3889



From: Krishna Desa

Page lof l

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WARHAWK STRATEGIES LLC

Certificate of Status	0
Certified Copy	
Page Count	05
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help

To: Page 3 of 6

3/4/2014 8:30:37 AM PST

1

13239628300 "From: Krishna Gesal

COVER LETTER

TO: Registration Section Division of Corporations

WARHAWK STRATEGIES LLC

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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

100 W. Broadway Suite 100

Address

Glendale, CA 91210

City/State and Zip Code

tessabiddle@aol.com

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

For further information concerning this matter, please call:

Imelda Vasquez	323	962-8600 ext 7950
Name of Person	at () Ares Code	Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 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

age 4 of 5	3/4/2014 6:3	0:37 AM Р э т	
	ADTICLES OF	AMENDMENT	2014 MAR - 4 AM 9: 13
			SECKETARY OF STATE
		ORGANIZATION	TALLAHASSEE, FLORIDA
	(OF	
WARHAW	K STRATEGIES LLC		
	(Name of the Limited Liability Comr (A Florida Limited	pany as it now appears on our t Liability Company)	records.)
The Articles of Organizatio	n for this Limited Liability Compan	y were filed on 08/12/201	3 and assigned
Florida document number	L13000113442		
This amendment is submitt			
	er the new name of the limited lia	hility company have	
A. It amending name, ent	er the new name of the punter na	outy company nere.	
The new name must be distingui	shable and end with the words "Limited Li	sbility Company," the designatio	m "LLC" or the abbreviation "L.L.C."
Enter new principal office	s address, if applicable:		
(Principal office address M	<u>IUST BE A STREET ADDRESS)</u>		· · · · · · · · · · · · · · · · · · ·
		<u> </u>	
Enter new mailing addres		<u></u>	······································
(Mailing address MAY BE	<u>A POST OFFICE BOX)</u>	<u></u>	
B. If amending the reg	istered agent and/or registered	office address on our re	cords, enter the name of the new
registered agent and/or th	e new registered office address he	<u>re</u> :	
Nome of Nov. De	visiered Agent:		
Name of New Rep	-		· · · · · · · · · · · · · · · · · · ·
New Registered C	ffice Address:	Enter Florida street	address
			Florida
		City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

TO:

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

Page 1 of 3

.

÷

-

_ . .. __

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

MGR = Manager AMBR ~ Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Tessa Biddle	1210 West Crooked Lake Place	Add
		Eustis, FL 32726	D Remove
AMBR	Bart Biddle	1210 West Crooked Lake Place	Add
		Eustis, FL 32726	Remove
			Add
			CI Kentove
			Add
			Remove
			🖸 Add
	<u></u>		
	······································		D Add
			🛛 Remove



Page C of C	5/4/2014 8:30:37 AM PST	13239826300 From: Kriehne û
D. If amending any other infor	mation, enter change(s) here: (Attach additional she	ets, if necessary.)
.		·····
	·····	
E. Effective date, if other than a (The effective date must be specific, c the date this document is filed by the	cannot be prior to date of receipt or filed date and cannot be more th	(optional) au 90 days after
	2014	
Dated March 3		
Dated March 3	R Bulls Signature of a member or authorized representative of a mem	

-1

To:



