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(Address)

(Address)

(City/State/Zip/Phone #)

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FALLAHSSEE T ORDPA

B. BOSTICK

NOV - 5 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **HINARNIE, 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:

Arnold M. Brower

Name of Person

Firm/Company

119 Earl Street

Address

Seaford, VA 23696

City/State and Zip Code

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

For further information concerning this matter, please call:

Arnold M. Brower (Mike)

Name of Person

at (**757**) **988-0231**

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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FILED
TALLAHASSEE, FL
CLERK OF THE COURT

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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:

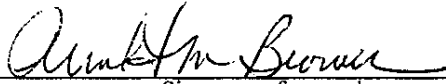
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
			☐ Add
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			☐ Add
			☐ Remove

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 11-11-2011 BY 60322 UCBAW/STP/STP

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated October 25, 2013.



Signature of a member or authorized representative of a member

Arnold M. Brower

Typed or printed name of signee

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Filing Fee: \$25.00

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FALLA BRISTOL, FLORIDA