(Re	questor's Name)	
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NOV 1 8 2015 Y SULKER Carmen Anderson

Hallie Lon Development

8501 Astronaut Blue #220

Cape Canqueral, FL 32920

phone (day): 202 258-4814 (personal cell)

COVER LETTER

TO:	Registration Se Division of Cor			
OUD IE		OU DEVELOPMENT, LLC		
SUBJE	СТ:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	etum all correspo	ndence concerning this matter	to the following:	
		CARMEN L. ANDERSON	1	
			Name of Person	
		HALLIE LOU DEVELOP	MENT, LLC	
			Firm/Company	
		8501 ASTRONAUT BLV	D STE 220	
			Address	
		CAPE CANAVERAL. FL	32920	
			City/State and Zip Code	
		HALLIELOUDEVELOPM	_	
		E-mail address: (to be used for future annual report notifi	cation)
For furt	her information c	oncerning this matter, please co	all:	
DAISH	A COOPER		at () Area Code Daytime	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

HALLIE LOU DEVELOPMENT, LLC	
(<u>Name of the Limited Lia</u> (A Flo	ibility Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabilit	y Company were filed on 1/02/2014 and assigned
This amendment is submitted to amend the following	y.
A. If amending name, enter the new name of the i	limited liability company here:
The new name must be distinguishable and contain 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 AD	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
	Sold of the sold o
	gistered office address on our records, enter the name of the new
registered agent and/or the new registered office a	iddress here:
	물을 🐱
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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 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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	TERESA CHANEY	4021 9TH ST NW #302	Add
		WASHINGTON DC 20011	■ Remove
			□ Change
AMBR	DAISHA COOPER	DRIVE 3122 BANNEKER PLACE NE	■ Add
		WASHINGTON DC 20018	□ Remove
			☐ Change
			□ Add
			□ Remove
			SSEE FELD
			□ Change
			□ Add
			Remove
			Change
			☐ Remove
			☐ Change

WITH DAISHA COOPER AS THE AMBR 5% STAKEHOLDER.		
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ctive date, if other than the date of filing:	(optional)	
effective date is listed, the date must be specific and cannot be prior to date of filing or e: If the date inserted in this block does not meet the applicable statutory fil	more than 90 days after filing.) Pursua	nt to 605
iment's effective date on the Department of State's records.		DC liste
ecord specifies a delayed effective date, but not an effective	e time, at 12:01 a.m. on the	earlie
ne 90th day after the record is filed.		
11-14-15 Day 17 20.5		
11-14-15 NW 15/2015.		
Gar, me Had selfenter or authorized representati		
	 	

Page 3 of 3

Filing Fee: \$25.00