## L1400019127

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## **COVER LETTER**

TO: Registration Section  Division of Corporations
SUBJECT: Hard 70 Kill Industries, 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:
Jonkevia Reynetts Name of Person  Hard To Kill Indestries, LLC  Firm/Company  1081 S. Kirkman Road Unit # 166  Address  Orlando, FL 32811  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sokevia Reynolds at (863) 594-4422  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) 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

FILED 2014 JUN 20 PM 3: 57

WELL DIAMS OF STATE

Hard To Kill Inc	distries LLC	TALLAHASSEE, FLORIDA
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records a Limited Liability Company)	<u>i.</u> )
The Articles of Organization for this Limited Liability C	Company were filed on $2/5/2c/4$	and assigned
Florida document number <u>£14000019727</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit H2K Industries, LLC The new name must be distinguishable and end with the words "Line new name must be distinguishable and end with the words "Line new name must be distinguishable and end with the words "Line new name of the limit has been new name	<del>-</del>	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	•
		rida Zip Code
	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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
	·····		
			□ Remove
			Add
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ne e	ctive date, if other than the date of filing:  (optional)  ffective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after late this document is filed by the Florida Department of State)
he e he c	ffective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after late this document is filed by the Florida Department of State)
he e	ffective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after late this document is filed by the Florida Department of State)
ic e	ffective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after late this document is filed by the Florida Department of State)  ad Jare 14th, 2014
e e	ffective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after late this document is filed by the Florida Department of State)  and Jone 14th 2014.

Page 3 of 3

Filing Fee: \$25.00

