

L14000055661

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(Address)

(Address)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

APR 24 2014
BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hamilton Family Enterprises, 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:

Greg Hamilton
Name of Person
Hamilton Family Enterprises
Firm/Company
4911 NE 205th Ave
Address
Williston, FL 32696
City/State and Zip Code
ghamilton@soccershots.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Greg Hamilton at 352 284-8655
Name of Person 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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CLERK OF STATE
TALLAHASSEE, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

The Articles of Organization for this Limited Liability Company were filed on 4-4-2014 and assigned
Florida document number 71400055661

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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

Title	Name	Address	Type of Action
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MGR AMBR	Greg Hamilton	4911 NE 205 th Ave W. Liston F2 32696	☒ Add ☐ Remove
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AMBR	Zachary Hamilton	Same (Addresses All the same)	☒ Add ☐ Remove
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AMBR	Dixie Hamilton	Same	☒ Add ☐ Remove
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AMBR	Denise Hamilton	Same	☒ Add ☐ Remove
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AMBR	Deonna Hamilton	Same	☒ Add ☐ Remove
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2018 APR 21 4:00 PM
CLERK OF SUPERIOR COURT
HARRISBURG, PENNSYLVANIA

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

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 4-18-2014

Greg Hamilton
Signature of a member or authorized representative of a member
Greg Hamilton
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE FLORIDA