L14000105208

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.

(((H14000205344 3)))

H14000205344 3-BCX

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

FILED
2014 SEP -2 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

From:
Account Name : A1A REGISTERED AGENT INC.
Account Number : 120090000032
Phone : (561)792-2336
Fax Number : (561)202-3082

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
Email Address: REGAGENTSERVICES@YAHOO.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

HAWKEYE GLOBAL ACOUSTICS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$25.00

RECEIVED
14 SEP -2 AM 6:50
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

Electronic Filing Menu Corporate Filing Menu Help

N. Gilligan 9/2/2014 2014

FILED
H14000205344 3
2014 SEP -2 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAWKEYE GLOBAL ACOUSTICS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/02/2014 and assigned Florida document number L14000105208

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

13194 US HWY 301 S
RIVERVIEW, FL 33578

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

_____, Florida _____
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

H14000205344 3

H14000205343

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
MGRM	KEVIN BROWN	235 W. BRANDON BLVD. BRANDON, FL 33511	☐ Add ■ Remove
MGRM	PAUL WOLFERT	235 W. BRANDON BLVD. BRANDON, FL 33511	☐ Add ■ Remove
MGR	MONICA BROWN	13194 US HWY 301 S RIVERVIEW, FL 33578	☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

H14000205343

H14000205343

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 SEPTEMBER 2 2014

Kevin Brown
Signature of a member or authorized representative of a member

KEVIN BROWN
Typed or printed name of signee

Filing Fee: $25.00

FILED
2014 SEP -2 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H14000205343