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ANALYSIS FINENTAL

JUN 1 6 2015 T. HAMPTON

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: HOUSE Transformers L.L.C  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:
Dewey A Nicks Name of Person
Firm/Company
4814 Dale Court
Middle burg FL 32068 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dewey A Nicks at (904) 449 - 2550  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ Certificate of Status \$\times \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$ Certified Copy \\ \text{(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

(Name of the Limited L.) (AF	Transformers LLC iability Company as it now appears on lorida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liabil Florida document number <u>L14000 (1542</u> )		- みス- 14 and assigned	
This amendment is submitted to amend the followir	ng:		
A. If amending name, enter the new name of the	e limited liability company here:		
The new name must be distinguishable and contain the words	"Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable ( <u>Principal office address MUST BE A STREET A</u>		TARECT TO THE	_ L
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>X)</u>	TARY OF STATE ANSSEE, FLORIDA	: 1 2
B. If amending the registered agent and/or registered agent and/or the new registered office		or records, enter the name of the	nev
Name of New Registered Agent:	Deuxy A Nic		_
New Registered Office Address:	4814 Dale Cou		_
_	Middleburg	, Florida	_

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 = Ma AMBR = Au	anager athorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jeffrey Caudel	2614 Harbor Winds Court Orange Park, FL 32065	_ <b>b</b> ⊀∧dd
		Orange Park, FL 32065	☐ Remove
			Change
			🗖 Add
			Remove
			Change
			🗆 Add
			🗆 Remove
			_□ Change
			_□ ∧dd
			_□ Remove
		TALL AHASSEL.	Change  Remove  2: Change  Cha
			Add
			_□ Remove
			Chara

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an et Note:	tive date, if other than the date of filing: 6-10-15 (optional)  flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
Dated	CAHAAS LA AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00