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Office Use Only



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SECRETARY OF STATE
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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJEC		interprises LLC		
SUBJEC	UI:	Name of Lim	ited Liability Company	······································
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		David R. Hambley		
			Name of Person	
		Hambley Enterprises LLC		TATO T
			Firm/Company	
		860 S. Woodward Ave		FILED M 2:59
			Address	工多里。
		DeLand, Fl 32720		TATE TATE
		rhambley@hotmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For furth	ner information c	concerning this matter, please c	ali:	
David R	Hambley		386 734-9094 at ()	
	Name o	of Person	Area Code Daytime	Telephone Number
Enclosed	d is a check for the	he 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:

TO:

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

riamoley Enterprises LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L14000126843</u> .	pany were filed on 8/13/2014	and assigned
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 contain the words "Limited l	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	<u> </u>	
Enter new mailing address, if applicable:		ALL SECO
(Mailing address MAY BE A POST OFFICE BOX)	 	三型
		2 5 m
	 	- B 2 0
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	· · · · · · · · · · · · · · · · · · ·	enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address:	Enter Florida street address	<u></u>
 	, Flo	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Hambles Caremaies II C

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	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Adam R. Allen		□ Add
		860 S. Woodward Ave, Deland, Fl	■ Remove
			☐ Change
AMBR	Eliazar Reyes		
		860 S. Woodward Ave, Deland, Fl	Remove
			☐ Change
<u></u>			TO Add T
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tive date, if other than the date of filing:	
ffective date is listed, the date must be specific and cannot be prior to date of the date inserted in this block does not meet the applicable stament's effective date on the Department of State's records.	of filing or more than 90 days after filing.) Pursuant to 605.0
ecord specifies a delayed effective date, but not an e e 90th day after the record is filed.	ffective time, at 12:01 a.m. on the earlier
Sand of Hamples	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00