

# 11/15/2014 13:13 4072970588 BRUSA PAGE 01/0  
11/15/2014 Division of Corporations  
L/14000133389

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : SMALL BUSINESS RESOURCES USA, INC.  
Account Number : I20040000173  
Phone : (407)298-4646  
Fax Number : (407)297-0588

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
HARD LACED LLC

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FAX DUOT # H140002663823

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Hard Laced 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:

James K. Duerr, CPA

Name of Person

Small Business Resources USA, Inc.

Firm/Company

1601 Park Center Drive, Ste. 6A

Address

Orlando, FL 32835

City/State and Zip Code

JimD@sbrorlando.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James K. Duerr, CPA

at ( 407 ) 298-4646

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 &  
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(additional copy is enclosed)☐ \$60.00 Filing Fee,  
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Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314STREET/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FAX DUOT # H140002663823

**FAX AUDIT # H14000266382 3**  
**ARTICLES OF AMENDMENT**  
**TO**  
**ARTICLES OF ORGANIZATION**  
**OF**

**FILED**  
**2014 NOV 17 AM 11:01**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**Hard Laced 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 August 26, 2014 and assigned  
 Florida document number L14000133389

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)

1705 Edgewater Drive

Suite 540453

Orlando, FL 32854

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1705 Edgewater Drive

Suite 540453

Orlando, FL 32854

**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:

Small Business Resources USA, Inc.

New Registered Office Address:

1601 Park Center Drive

*Enter Florida street address*

Orlando

*City*

Florida 32835

*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.*

James R. [Signature] President  
 If Changing Registered Agent, Signature of New Registered Agent

**FAX AUDIT # H140002663823**

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Dennis W Smith	665 Park Lake Street	<input type="checkbox"/> Add
		Orlando, FL 32803	<input checked="" type="checkbox"/> Remove
MGRM	Seasoned Funding, LLC	1705 Edgewater Drive	<input checked="" type="checkbox"/> Add
		Suite 540453	<input type="checkbox"/> Remove
		Orlando, FL 32854	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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E. Effective date, if other than the date of filing: immediately (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 November 12, 2014

\*



Signature of a member or authorized representative of a member

Dennis W. Smith, MGRM of Seasoned Funding, LLC

Typed or printed name of signer

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Filing Fee: \$25.00

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