L15000075788

(Re	equestor's Name)		
(Ad	ldress)		
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201 2753 **T. HAMPTO**KI

COVER LETTER

TO:	Registration Se Division of Cor			
		DONE HAULING, LLC		
SUBJI	ECT:	Name of Limite	ed Liability Company	
The en	closed Articles of	Amendment and fee(s) are subm	itted for filing.	
Please	return all correspo	ndence concerning this matter to	the following:	
		GARY FLANDERS		
	Name of Person			1 : A A STREET
		GET HER DONE HAULIN	G, LLC	
			Firm/Company	•
		113 MAYS STREET		
			Address	· · · · · · · · · · · · · · · · · · ·
		PERRY, FLORIDA 32348		
			City/State and Zip Code	
		E-mail address: (to	be used for future annual report notific	cation)
For fu	rther information c	oncerning this matter, please cal	1:	
GAR	Y FLANDERS		850 838-2438 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
□ \$2	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GET HER DONE HAULING, LL			
(Name of the Lim	ted Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) ny)	
The Articles of Organization for this Limited 1 Torida document number L15000075788		APRIL 29, 2015	and assigned
his amendment is submitted to amend the fol			
	-		
If amending name, enter the new name of	of the limited liability compan	<u>y here</u> :	
he new name must be distinguishable and contain the	words "Limited Liability Company," 1	the designation "LLC" or the abb	
Inter new principal offices address, if appli	cable:		SECRE TALL AH
<u>Principal office address MUST BE A STRE</u>	ET ADDRESS)		7
			SEE. PR
		•	F 2:
J			PATE 22
duting utdiress MAT BE AT OST OF FICE			D
. If amending the registered agent and egistered agent and/or the new registered of		on our records, enter	the name of the I
Name of New Registered Agent:	GARY FLANDERS		<u> </u>
gistered agent and/or the new register	113 MAYS STREET		
2	Enter	Florida street address	
	PERRY	, Florida	348
	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

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 Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JONATHAN SELLERS	113 MAYS STREET	□ Add
		PERRY, FLORIDA 32348	■ Remove
			Change
			□ Add
			□ Remove
			☐ Change
		_	Add SECRI
			JUNE -5 IN Change 2:
			10 A
			☐ Remove
			☐ Change
-			
			Remove
			☐ Change
			Add
			□ Remove
			☐ Change

meno	ling any other information, enter change(s) here: (Attach additional sheets, if necess	ary.)	
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			<u> </u>
			
		•	
te: If cumer reco	coption tive date, if other than the date of filing:	ate will not be	listed a
.ed	June 4, 2015. Danz a, Florder	SI TAI	
	Danz a, Flouder	ECR L AFE	الِال 5
	Sign ature of a member or authorized representative of a member	TAR	3- NNC
	GARY FLANDERS Typed or printed name of signee	- <u> </u>	 TP
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	Page 3 of 3	<u>9</u> E	22

Filing Fee: \$25.00