## 15000/80288

(F	Requestor's Name)	
(A	Address)	
A)	Address)	
(0	City/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name	е)
(0	Document Number)	
Certified Copies	Certificates o	of Status
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2017 WAR TO P 2: 05: WECHETARY OF STATE ALL ARASSEE, FLORIDA.

**S Warren** MAR 1 3 2017

## **COVER LETTER**

TO: Registration Division of C	Section Corporations
	mily Diversified, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles	of Amendment and fee(s) are submitted for filing.
	spondence concerning this matter to the following:
	Aaron B. Hyatt
	Name of Person
	Firm/Company
	4020 W. Newberry Rd. Ste. 400
	Address
	Gainesville, FL 32607
	City/State and Zip Code blake@hyattdiversified.com
For further information	E-mail address: (to be used for future annual report notification) n concerning this matter, please call:
Aaron B. Hyatt	352 256-7308 at ( )
Nam	e of Person Area Code Daytime Telephone Number
Enclosed is a check for	r the following amount:
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  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

Hyatt Family Diversified, LLC				
( <u>Name of the Limi</u>	ted Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)		
he Articles of Organization for this Limited L	iability Company were f	ñled on	and assi	gned
lorida document number L15000180288				
his amendment is submitted to amend the following	owing:			
. If amending name, enter the new name o	f the limited liability co	mpany here:		
ne new name must be distinguishable and contain the	words "Limited Liability Con	npany," the designation "LLC" o	or the abbreviation "L.I	C."
nter new principal offices address, if applic	able:			
Principal office address MUST BE A STREI	ET ADDRESS)			empa maga
			in is	
	<del></del>		Sing 6	2 Santana
nter new mailing address, if applicable:			Top n	
Aailing address MAY BE A POST OFFICE	ROV)	<del></del>		
Maning warress MAT BE A FOST OFFICE	<u></u>		O THE	
		<del></del>	> 0	<del></del>
. If amending the registered agent and egistered agent and/or the new registered o		ddress on our records,	enter the name of	of the
Name of New Registered Agent:	Aaron B. Hyatt			
New Registered Office Address:	4020 W Newberry Rd.	Ste. 400		
		Enter Florida street address		
	Gainesville	, Flori	ida <u>32607</u>	
	Ci	ty	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	· · ·	<del></del>	Add
			Remove
			☐ Change
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ective date, if other than the	date of filing:	(optional)
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