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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JUN 17 AM 11:34

FILED

JUN 20 2016
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HGH REMODELING 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:

RUSSELL D GREENE
Name of Person

Firm/Company

595 LIVE OAK AVE W
Address

DE FUNIAK SPRINGS
City/State and Zip Code

R4SS1114@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RUSSELL GREENE (850) 428-5263
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 & 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

FILED

2013 JUN 17 AM 3:30

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

HGH REMODELING 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 5/26/16 and assigned Florida document number L16000102606

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 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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

1821 QUAIL RIDGE DR
DESTIN FL 32541

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: _____

New Registered Office Address: _____

595 LIVE OAK AVE W

Enter Florida street address

DEFUNIAK SPRINGS, Florida

City

32435

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2016 JUN 17 A 11:31

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[illegible]

(If an effective 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 605.0207 (3)(b)

Dated _____, _____

Arvid D. Evans
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

RUSSELL D GREENE
Typed or printed name of signee

Typed or printed name of signee

FILED
2015 JUN 17 AM 11:34
CLERK OF DISTRICT COURT
TULSA, OKLAHOMA