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## **COVER LETTER**

	sion of Cor					
SUBJECT:	Ghosthawk	, 1.1.C				
		Name of Limited Liability Company				
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Brian McCrystal				
			Name of Person			
		Ghosthawk, LLC				
			Firm/Company	<del></del>		
		19025 Lutterworth Court				
		<del></del>	Address	· <del></del>		
		Land O Lakes, Fl, 34638				
		bkmccrystal@ghosthawklic	City/State and Zip Code			
		• •	to be used for future annual report notifi	cation)		
	<b>.</b>			edition)		
		oncerning this matter, please ca				
Brian McCry	stal		813 955-4965			
	Name of	f Person	at () Area Code Daytime	Telephone Number		
				•		
Enclosed is a	check for th	e following amount:				
□ \$25.00 Fi	ling 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 enclose		

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

Ghosthawk, LLC

	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number [L17000052734]	Company were filed on March 7, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lin	nited 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 ADDI	RESS)
Enter new mailing address, if applicable:	<u>_</u>
(Mailing address MAY BE A POST OFFICE BOX)	
interior takes one marris permit out on a root boily	
registered agent and/or the new registered office add	stered office address on our records, enter the name of the orientes here:
Name of New Registered Agent:	
Name of New Registered Agent:  New Registered Office Address:	
	Enter Florida strect address
	Enter Florida street address , Florida City Zip Code
	, Florida Zip Code
New Registered Office Address:  New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and caccept the obligations of my position as registered a	Florida  City Zip Code  d Agent:  and agree to act in this capacity. I further agree to comply with templete performance of my duties, and I am familiar with and gent as provided for in Chapter 605, F.S. Or, if this document is ed office address, I hereby confirm that the limited liability

Page 1 of 3

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>Address</u> Type of Action <u>Title</u> Name James Elseth MGRM □ Add Remove ☐ Change MGRM Thomas Dwyer 42043 Roanoake Street **■** Add Temecula, CA 92591 ☐ Remove □ Change □ Add ☐ Remove \_□ Change ☐ Remove ☐ Change □ Add ☐ Remove 7 Change ... \_\_\_\_ Add

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			Jac	n 1, 2018				
E. Effective	e date, if other tive date is listed, th	than the date	of filing:		of filing or more	option (option than 90 days after	onal) filing \ Pursuant te	. <i>K</i> AS A2A1
Note: If	the date inserted	in this block do	oes not meet t	he applicable sta				
documer	it's effective date	on the Departn	nent of State's	s records.				
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b) The 9	rd specifies a Oth day after	the record is	scrive date, s filed.	but not an e	enective time	e, at 12:01 a	i.m. on the e	ariier o
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Dated _	Dec	22		10/7.			••	
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	·	Signar	ture of a memb	er or authorized r	epresentative of a	member	26	

Page 3 of 3

Filing Fee: \$25.00