117000247173

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
P WAIT MAIL
(Business Entity Name)
(Document Number)
Certificates of Status
s to Filing Officer:





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07/30/18--01011--010 **25.00

T. CLINE

AUG - 6 2018

EXAMINER



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: HAUTERINK CCC Name of Limited Liability Compa	any
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Tevesa Nicholl Name of Pers	Simmons
Plynqui H ATU	xist my
2914 Alaskur Address	1 Way
Jacksony 14 City/State and Zig	71 32226 p Code
	anail.com
For further information concerning this matter, please call:	
Name of Person at (904) Area Con	de Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Certificate of Status Certified Ce	

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

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(Name of the Limited Liability Compand (A Florida Limited Li	y as it now appears on our records.) lability Company)	· 解 8: 2
The Articles of Organization for this Limited Liability Company v Florida document number 17000247173	were filed on 12-4-17	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty 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) 3914 Aluxan Way 50 (LSO) VIII F 1 3		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:	· ·	r the name of the new
New Registered Office Address:		

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_, Florida __

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>	Name	Address	Type of Action
MER	Teresa Simmons	Jacksonville Fl 322	Œ Add
		Jacksonville F1 322	Remove
A MGLZAN	Hexis lewers	2914 Alaskan Way Jacksonulle F 32200	Ç ∰Add
		MCCOMIA 1 2420C	Remove Change
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				<u></u>
ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to it if the date inserted in this block does not meet the applicab iment's effective date on the Department of State's records.	date of filing or n	ore than 90 days a	ptional) ther filing.) Pursu this date will no	ant to 605. ot be liste
ecord specifies a delayed effective date, but not a see 90th day after the record is filed.	an effective (:ime, at 12:0	1 a.m. on th	e earlie
July 270, 2018				
Signature of a member or authorize	zed representative	of a member		

Page 3 of 3

Filing Fee: \$25.00