Lif0000 90226

(Requestor's Name)
(Address)
(Address)
(1881000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300312389313

04/27/18--01017--023 **30.00

18 APR 27 PH 2: 30
SECRETARY OF STATE

K. SALY MAY -1 2018

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	ammock and Shar Name of Lim	de LLC nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Gavin	Harbin Name of Person	
	Hamn	rock and Shade U	_(
	4780	Bourly Circle	
		on ville FL 322 City/State and Zip Code	
	<u> </u>	1 @ yahoo. Com	fication)
For further information of	concerning this matter, please c	all:	
Gavin H	larbin of Person	at (<u>706</u>) <u>206</u> Area Code Daytime	7955 c Telephone Number
Enclosed is a check for t	the following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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

Florida document number L 180000 90 Z Z G. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Hammock & Shade, LLC
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) 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: Enter Florida street 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

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		18 APP OF		
<u>Title</u>	<u>Name</u>	18 APR 27 PM 2: 30 Address SECRETARY OF STATE TALLAHASSEE, FLORIDA	Type of Action	
		SSEE, FLORIDA	Add	
		·	□ Remove	
	•		Change	
			Add	
			☐ Remove	
			☐ Change	
			Add	
			☐ Remove	
			Change	
			Add	
			Remove	
			□ Change	
			Add	
			□ Remove	
			Change	
			□ Remove	
			☐ Change	

	NA
	NA 18 APR 27 PH 2: 31 SEGRETARY OF STATE TALLAHASSEE, FLORIDA
	18 APR 27
	SECRETIES PH 2: 31
	ALLAHASSITATE
	TORIDA
•	
	·
•	
(If an ef Note:	tive date, if other than the date of filing: (optional) (fective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	1000 April 19 . Z018.
	Signature of a member or authorized representative of a member
	Gavin Harbin

Page 3 of 3

Filing Fee: \$25.00