

# L20 0000 III 73

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

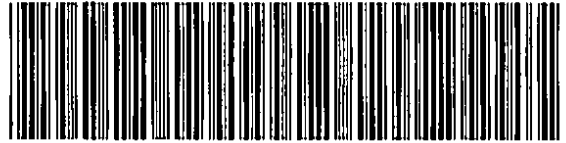
(Business Entity Name)

(Document Number)

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TALLAHASSEE  
FL

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MAR 27 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Madd Hadder's 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:

Travis Benjamin Burke  
Name of Person

The Madd Hadder's L.L.C  
Firm/Company

4908 Bell Ridge Ln. Apt #202  
Address

Dace FL 32571  
City/State and Zip Code

Scherer Melissa D@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Timothy Layne Scherer at (850) 791-3315  
Name of Person 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

The Madd Hadder's 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 Jan 06, 2020 and assigned Florida document number L 20000011173.

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)

**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*

Florida

*City*

*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>
AMBR	Travis Burke	4908 Bellridge Ln	<input type="checkbox"/> Add
		Apt <sup>#</sup> 202 pace, FL,	<input checked="" type="checkbox"/> Remove
		32571	<input type="checkbox"/> Change
AR	Timothy Scherer	4908 Bell Ridge Ln	<input type="checkbox"/> Add
		Apt <sup>#</sup> 202 pace FL,	<input checked="" type="checkbox"/> Remove
		32571	<input type="checkbox"/> Change
MGR	Melissa Hadder	4908 Bell Ridge Ln	<input type="checkbox"/> Add
		Apt <sup>#</sup> 202 pace, FL,	<input checked="" type="checkbox"/> Remove
		32571	<input type="checkbox"/> Change
AMBR	Timothy Scherer	4908 Bell ridge Ln	<input checked="" type="checkbox"/> Add
		Apt <sup>#</sup> 202 pace, FL	<input type="checkbox"/> Remove
		32571	<input type="checkbox"/> Change
AR	Melissa Hadder	4908 Bell ridge Ln	<input checked="" type="checkbox"/> Add
		Apt <sup>#</sup> 202 pace, FL,	<input type="checkbox"/> Remove
		32571	<input type="checkbox"/> Change
MGR	Travis Burke	<del>Apt<sup>#</sup> 202</del> 4908 Bell	<input checked="" type="checkbox"/> Add
		ridge Ln. Apt <sup>#</sup> 202	<input type="checkbox"/> Remove
		Pace FL 32571	<input type="checkbox"/> Change

2020 MAR -6 PM 4:12  
DATE  
FILE

2020 MAR -6 PM 4:19

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

*Paul B. Basho*  
Signature of Member

Signature of a member or authorized representative of a member

Travis Benjamine Burke  
Typed or printed name of signee

Typed or printed name of signee

**Filing Fee: \$25.00**