L21000351236

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Second Signal Si

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COVER LETTER

Division of Corporations		
SUBJECT: Hillbilly Je	W.LLC	
	Name of Limited Liability Company	
The condensed Aminton of Amendment and for	a(s) are submitted for filing	
The enclosed Articles of Amendment and fed		
Please return all correspondence concerning	this matter to the following:	
<u>Pa</u>	Name of Person	
	Finn Company 282	
Po	Pox 484	-
	Address 25	-
Cr	POX U84 Address City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	
	City/State and Zip Code	
tic		
	ail iddress: (to be used for future annual report notification)	
For further information concerning this matter	er, please call:	
Darrel B. Prit	at 850, 624-2358	
Name of Person	Area Code Daytime Telephone Number	
Enclosed is a check for the following amount	1:	
\$ \$25.00 Filing Fee \$30.00 Filing Certificate of		
• ,		
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company	as it now appears on our records.)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L2100035123</u> . This amendment is submitted to amend the following:	611
A. If amending name, enter the new name of the limited liabili	
The new name must be distinguishable and contain the words "Limited Liability	y 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)	Same 322 122 122 122 122 122 122 122 122 122
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same Same
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, <u>enter the name of the new registered</u>
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>	Address	Type of Action
			□Remove
			□Change
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Filing Fee: \$25.00