H21000433080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL
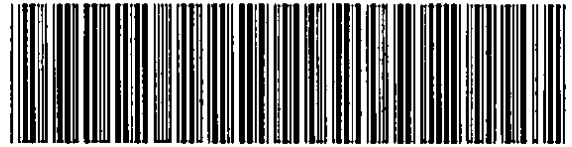

(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

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A. RIVERS

DEC 1 4 2021

COVER LETTER

TO: **Registration Section**
   Division of Corporations

SUBJECT: _Hawk Carpentry LLC_
<div align="center">Name of Limited Liability Company</div>

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steven A Hawkins
<div align="center">Name of Person</div>

Hawk Carpentry LLC
<div align="center">Firm/Company</div>

305 Lake June Dr
<div align="center">Address</div>

Lake Placid, FL 33852
<div align="center">City/State and Zip Code</div>

hawk carpentryllc@gmail.com
<div align="center">E-mail address: (to be used for future annual report notification)</div>

For further information concerning this matter, please call:

Steven A Hawkins at (_954_) _928 6191_
<div align="center">Name of Person   Area Code   Daytime Telephone Number</div>

Enclosed is a check for the following amount:

☐ $25.00 Filing Fee   ☐ $30.00 Filing Fee &   ☐ $55.00 Filing Fee &   ☐ $60.00 Filing Fee,
                 Certificate of Status   Certified Copy   Certificate of Status &
                                   (additional copy is enclosed)   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

Hawk Carpentry 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 **11/19/2021** and assigned Florida document number **87-3022668**.

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: *305 Lake June Dr*
(Principal office address MUST BE A STREET ADDRESS)   *Lake Placid, Fl 33852*

Enter new mailing address, if applicable: *305 Lake June Dr*
(Mailing address MAY BE A POST OFFICE BOX)   *Lake Placid, Fl 33852*

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: *Steven A Hawkins*

New Registered Office Address: *305 Lake June Dr Lake Placid, Fl*
Enter Florida street address

Lake Placid, Florida *Fl 33852*
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, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	*Steven A Hawkins*	*305 Lake June Dr Lake Placid* *Fl 33852*	☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
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			☐Change
			☐Add
			☐Remove
			☐Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

_____

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E. Effective date, if other than the date of filing: _____ **(optional)**

(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)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated _____11/19_____ , _2021_ .

_____
Signature of a member or authorized representative of a member

_____
Steven Hawkins
Typed or printed name of signee

Filing Fee: $25.00