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COVER LETTER

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CR2E062 (9/15)

TO: Registration Sec Division of Corp	tion porations		•
Hatfield Hu SUBJECT:	rt Holdings, LLC		
<u></u>	1	Name of Limited Liab	oility Company
Dear Sir or Madam:			
The enclosed Statement of	of Correction and fee(s)	are submitted for filin	g.
Please return all correspo	ndence concerning this i	matter to the followin	g:
Michael J. Hatfield			
· · · · · · · · · · · · · · · · · · ·	Name of Person		_
Hatfield Hurt Holdings, I	LLC		
	Firm/Company		_
679 Venture Ct.			
	Address		_
Winter Springs, FL 3270	1		
Ci	ty/State and Zip Code		_
mhatfield@allamericanta	ilgate.com		
E-mail address: (to	be used for future annua	l report notification)	_
For further information co	oncerning this matter, pl	ease call:	
Michael J. Hatfield		863	528-5225
Name of	f Person	at (Area Code	Daytime Telephone Number
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
Enclosed is a check for (the following amount:		
S25 Filing Fee	\$ \$30 Filing Fee & Certificate of Status	☐\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

STATEMENT OF CORRECTION FOR

Pursual	to section 605.0209, F.S., this document is being submitted to correct a previously filed document.
<u>FIRST</u>	he name of the limited liability company is: Hatfield Hurt Holdings, LLC
SECO:	The Florida Document number of the limited liability company is: L24000398520
2	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Michael J. Hatfield was named CEO of LLC and should have been named AMBR/MGR Michael D. Hurt was named COO of LLC and should have been named AMBR/MGR
Ø	Vas defectively signed. The manner in which the document was defectively signed and the appropriate corrections follows:
Ø	he electronic transmission of the record was defective.
	Signature of Authorized Representative Date of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must the designation).
I hereb	stered Agent's Signature, if changing Registered Agent: ccept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the c of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept

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.

Registered Agent's Signature

Filing Fee:

\$25.00

Certified Copy: \$30.00 (optional)