L07000069947

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



700132710627

07/18/08--01035--001 **25.00

J. BRYAN

JUL 21 2008

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: 305 Res HX LLC	
(Name of Limited Liability Company)	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	<u>(4</u>
Please return all correspondence concerning this matter to the following:	08
Judy Loface (Name of Person)	OB JUL 18 PM 3: 58
(Firm/Company)	20
(Address)	
Para for the Cart 3/ (City/State and Zip Code)	
For further information concerning this matter, please call:	
Judy Kolnie at (5/2)	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status \$25.00 Filing Fee Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Certified Copy (additional copy is enclosed)	atus &
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

Liability Company as it now appears on our records.)
Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ___ Florida document number L07000069947 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1299 NW Second Avenue Surte 101 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) SAME 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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 608, 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)

(Enter Florida street address)

or Managii	ng Member being added or removed fr	rs on our records, <u>enter the title, name, and ado</u> om our records:	itess of each Manage
MGR = Ms $MGRM = 1$	anager Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Sean McNamara	95 NE 47H AVC De Ivay Beach, Pt 35431	Add Remove
M6R	Mervin McDonald	3299 NW Second Ave Switch Boca Pater, Fr 35451	Add Remove
	•		Add Remove
	,		Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary	.)
 			SECRETARY OF CORRESION OF CORRE
Dated	· · · · · · · · · · · · · · · · · · ·	·	OF STATE OF
X	Signature of a member	er or authorized representative of a member M. Moc dor printed name of signee	

Page 2 of 2

Filing Fee: \$25.00