L07000089449

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(Ad	dress)			
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COVER LETTER

TO: Registration So Division of Cor						
SUBJECT: INDIAN	I RIVER 354, LLC					
SUBJECT: HASH III		ited Liability Company)	<u> </u>			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Therese Cullinan		.			
		(Name of Person)				
	Shutts & Bowen LLP					
	(Firm/Company)					
	200 E. Broward Blvd., Su					
		(Address)				
	Ft. Lauderdale, FL 3330					
		(City/State and Zip Code)				
For further information c	oncerning this matter, please c	all:				
Therese Cullinan		at (954 ₎ 847-3847				
	of Person)	(Area Code & Daytime Telephone Number)				
Enclosed is a check for the	ha fallawing amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee &	□\$55.00 Filling Fee &	□\$60.00 Filing Fee,			
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy			
		(uaumomi cop) is choicea)	(additional copy is enclosed)			
MAILING ADDRESS:		STREET/COURIER	ADDRESS:			
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

08 DEC -1 AM 10: 23

SECRETARY OF STATE TALLAHASSEF FLORIDA

INDIAN RIVER 354, LLC				
(Name of the Limited Liability (A Florida	y Company as it Limited Liability	now appears on our Company)	records.)	
The Articles of Organization for this Limited Liability C	Company were fi	led on August 31, 2	007	and assigned
Florida document number L07000089449	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability co	npany here:		
INDIAN RIVER 367, LLC				
The new name must be distinguishable and end with the wor "L.L.C."	ords "Limited Liab	ility Company," the d	esignation "LLC	or the abbreviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	RESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		lress on our recor	rds, <u>enter the</u>	name of the new
Name of New Registered Agent:				
New Registered Office Address:				
110W 110Bigiored Civiles 1 Addings.		(Enter Florid	da street addres	s)
			Florida	
	(City)	,	(-	Zip Code)
New Registered Agent's Signature, if changing Registered	d Agent;			
I hereby accept the appointment as registered agent of the provisions of all statutes relative to the proper an accept the obligations of my position as registered agbeing filed to merely reflect a change in the registere company has been notified in writing of this change.	nd complete per gent as provide	formance of my dud I for in Chapter 60	ties, and I am f 8, F.S. Or, if th	amiliar with and is document is

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

4 - Fr - 6

MGR = Manager

MGRM = N	lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			Remove
			
_			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
D. If amend	ling any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	
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			AMIO: 23
			OF 23
			
Dated Noven	nber 24 / , 2008	3	_
ı	M		
V	Signature of a memb	per or authorized representative of a member	
	STEVEN BROWN, Ma	anaging Member	
	Туре	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00