L09000104366

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

TO NOV - 1 PM 1: 40

T. HAMPTON

NOV - 2 2010

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	T: Hilson B RAGAS, LCC Name of Limited Liability Company
The en	osed Articles of Amendment and fee(s) are submitted for filing.
Please	eturn all correspondence concerning this matter to the following:
	Hilson B RASAS III
	Hilson B RAGAS, LLC Firm/Company
	Firm/Company
	4391 STEPHENS ROAD
	Address
	PACE FL 32571 City/State and Zip Code
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report notification)
For fur	ner information concerning this matter, please call:
	Area Code & Daytime Telephone Number
	Name of Person Area Code & Daytime Telephone Number
Enclos	d is a check for the following amount:
✓ \$2:	00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\ \text{S60.00 Filing Fee, Certified of Status & Certified Copy (additional copy is enclosed)}} \text{\$\ \text{Certified Copy (additional copy is enclosed)}} \$\ \text{Certified Co

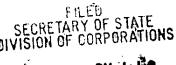
MAILING ADDRESS:

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 ARTICLES OF ORGANIZATION SECRETARY OF STATE OF CORPORATIONS



10 NOV - 1 PM 1: 48

	HILSON B RAGAS, LLC			
(Name of the L	imited Liability Company as it now appear (A Florida Limited Liability Company)	ars on our records.)		
The Articles of Organization for this Lim	ited Liability Company were filed on	10/29/2009	and assigned	
Florida document number L090	00104366			
This amendment is submitted to amend the	he following:			
A. If amending name, enter the new na	ame of the limited liability company he	ere:		
The new name must be distinguishable and "L.L.C."	end with the words "Limited Liability Comp	pany," the designation "I	LC" or the abbreviation	
Enter new principal offices address, if	applicable:			
(Principal office address MUST BE A S	TREET ADDRESS)			
	1			
Enter new mailing address, if applicab (Mailing address MAY BE A POST OF			,	
B. If amending the registered agent registered agent and/or the new registered		our records, enter f	the name of the new	
Name of New Registered Agen	<u>t</u> :	·· · ·································		
New Registered Office Address		Inter Florida street ada	lress	
	City	, Florida	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 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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Jason Ragas	9701 Chumuckla Springs Rd Jay, FL 32565-9383	☐ Add Remove
,			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF BIVISION OF CORPO
 Dated	October 27 , 2	2010	STATE SRATIONS
	Signature of a memb		
	Type	Hilson B Ragas ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00