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FALL AHASSEE, FLORIDA

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COVER LETTER

Division of Corporations	
SUBJECT: Hedgehog Corpetry LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Bennie Joe Hedgepeth	
Firm/Company	
2111 Hwy 97	
Moling, FL 32577 City/State and Zip Code	
beniejschedgevette 9 mail. 2008 E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Bennie Joe Hedgepeth at 850, 417-0365 To Name of Person	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ Certificate of Status \$\times \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$\$}	

MAILING ADDRESS:

TO:

Registration Section

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

Hedgehog Car	nentry L	LC
(Name of the Limited Liability Comp	any as it now appears on our reco	ords.)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L15000181</u> .8	y were filed on <u>10/2 (c</u> '4 B	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
	lowing: of the limited liability company here: words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." cable: ET ADDRESS) BOX) Wor registered office address on our records, enter the name of the new	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	······································	·
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		DEC 31 - 2: 1 AHASSEE, FLURIO
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	lress .
	City,	Florida
N D 4 4 4 6	ony.	Zip Couc

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

	ng Authorized Person(s) autho <u>d from our records</u> :	rized to manage, <u>enter t</u>	he title, name, and address of each p	person being adde
MGR = 1 AMBR =	<u> </u>		,)
<u>Title</u>	<u>Name</u>	Address	7220 Chestnut +	∠ <i>௸</i> . <u>Type of Action</u>
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