

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Name : DUSS, KENNEY, SAFER, HAMPTON & JOOS, P.A.

Account Number : 120090000089

Phone : (904)543-4300

Fax Number : (904)543-4301

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: VCUMMINS @ JAYFilm. com

TORIOT CRIES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 2759 WEST FIFTH STREET, L.L.C.

Certificate of Status	. 0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

JUL 0 1 2014

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2759 WEST FIFTH STREET, L.L.C. (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on January 25, 2001 and assigned Florida document number L01000001355 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 "LLC." 4348 Southpoint Blvd. Enter new principal offices address, if applicable: Sulte 101 (Principal office address MUST BE A STREET ADDRESS) Jacksonville, FL 32216 4348 Southpoint Blvd. Enter new mailing address, if applicable: Suite 101 (Mailing address MAY BE A POST OFFICE BOX) Jacksonville, FL 32216 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 Office Address: Enter Florida street address

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

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

AMBR = A <u>Citle</u>	Name	Address	Type of Action
OGE	Matric	Audress	Type of Action
			
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D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Malling address change ONLY for Managing Member:		
	HRH Holdings, Inc. 4348 Southpoint Boulevard, Suite 101		
	Jacksonville, Florida 32216		
(The	effective date, if other than the date of filing: (optional) effective date must be specific, cannot be prior to date of receipt or filed date and connot be more than 90 days after date his document is filed by the Florida Department of State)		
Date	Welnah Ol Hove		
	Signature of a member of authorized representative of a member		
	Deborah M. Howe, VP of HRH Holdings, Inc.		
	Typed or printed name of storice		

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