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COVER LETTER

	tration Section from the comment of Corporations				
SUBJECT: _	Osprey	Osprey Holdings, LLC			
	Name of Limi	ted Liability Company			
The enclosed A	articles of Amendment and fee(s) are sub	omitted for filing.			
Please return a	l correspondence concerning this matter	to the following:			
		Eric W. McGrew			
		Name of Person			
		OPS, INC.	20		
		Firm/Company			
		219 Keel Way	22 P		
		Address	SENO P III		
		Osprey, FL 34229	PH 3: 13		
	, , , , , , , , , , , , , , , , , , ,	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·		
	eric	mcgrew@comcast.net	۶,		
Ean famhan in fe	·	to be used for future annual report notifica	tion)		
ror turuter into	rmation concerning this matter, please c	an:			
	eric mcgrew	at \	20-6074		
	Name of Person Area Code & Daytime Telephone Number				
Enclosed is a c	neck for the following amount:				
▼ \$25.00 Filin	g Fee \$\bigcup\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

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

Osprey Ho	oldings, LLC		···· · · · · · · · · · · · · · · · · ·	
(Name of the Limited Liability Com (A Florida Limite	pany as it now appear d Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Compa Florida document numberL0100005572	ny were filed on	April 6, 2001	and assig	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company her	e:		
The new name must be distinguishable and end with the words "Li"L.L.C."	mited Liability Compa	ny," the designation		obreviation
Enter new principal offices address, if applicable:			2010 APR	
(Principal office address MUST BE A STREET ADDRESS)			100	economic and the second
			C22 1-2	
Enter new mailing address, if applicable:			PH 3:	Trans and
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ur records, <u>enter</u>	the name of	the new
Name of New Registered Agent:			,	
New Registered Office Address:	E.,,	tan Elouida atuast sa	Iduas	
	Enter Florida street address			
	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 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 **Title** <u>Name</u> **Address Type of Action MGRM** Eric W. McGrew 219 Keel Way ☐ Add Osprey, FL 34229 ✓ Remove MGRM OPS, INC. 219 Keel Way **₹** Add Osprey, FL 34229 Remove ⊡zAdd _ ⊨Řemove ---Ādd Remove \square Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated April 20 , 2010 , ____

Signature of a member or authorized representative of a member

OPS, INC. by Eric W. McGrew, President

Typed or printed name of signee

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Filing Fee: \$25.00