## 104000017045

(Re	equestor's Name)	
(Ac	dress)	÷
(Ac	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	-	

Office Use Only



200103407332

05/29/07--01051--021 \*\*25.00

2007 KAY 29 AH 10: 15
SECRETARY OF STATE

2007 KAY 20 AH IO:

## **COVER LETTER**

TO: Registration So Division of Co			
SUBJECT: Hedso		mited Liability Company)	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
S	Scott Maurer		
_	(	Name of Person)	
J	ack M. Callahan,	P.A.	
_		Firm/Company)	
<u>1</u>	3191 Starkey Ro	· · · · · · · · · · · · · · · · · · ·	
		(Address)	200 TAL
L	argo, FL 33773		1007 MAY 29 SECRETARY ALLAHASSE
	(City	/State and Zip Code)	Y 29 ASS
For further information	concerning this matter, please o	call:	FI (-
Scott Ma			9853, x123 = =
	(Name of Person)	(Area Code & Daytime	e Telephone Number)
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	\$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)
MAII	LING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>H</u>	edson, LLC
	(Present Name) (A Florida Limited Liability Company)
FIRST:	The Articles of Organization were filed on 10/25/2004 and assigned document number L04000077045
SECOND:	This amendment is submitted to amend the following:
	Please amend Article 1 of the above-named LLC to reflect a name
	change from "Hedson, LLC" to "North Sunrise Resort Motel, LLC".
	TAS 22
	AY 2 HASS
	m <sub>C</sub>
	<del></del>
Dated Ma	ay 21 2007 _
	A
	Signature of a member or authorized representative of a member
	Lars-Olof Larsson

Filing Fee: \$25.00

Typed or printed name of signee