	(Requestor's Name)
	(Address)
	(Address)
The state of the s	(City/State/Zip/Phone #)
	(Business Entity Name)
Certi	(Document Number) fied Copies Certificates of Status
Spo	cial Instructions to Filing Officer:
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C. LEWIS 1105 P. I DUA EXAMINER



209 TURNER STREET CLEARWATER, FLORIDA 33756

TELEPHONE (727) 461-1702 FACSIMILE (727) 461-1764 bryan@bryanjstanley.com

August 15, 2011

VIA U.S. REGULAR MAIL

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

> Re: Hagerstown Investments, LLC

Ladies and Gentlemen:

In connection with the above-referenced, please find enclosed original Articles of Amendment to Articles of Organization of Hagerstown Investments, LLC for filing. Also, enclosed is our client's check in the amount of \$30.00, representing the filing fees and the issuance of the Certificate of Status.

Please do not hesitate to contact me with any questions.

Sincerely,

BJS/mf

Enclosures

Robert D. Boos (via email)

Robert B. Boos (via email)

Thomas Gaukel (via email)

Dawn Johnson (via email)

COVER LETTER

Division of Co	rporations				
SUBJECT:	Hagerstowr	n Investments, LLC			
	Name of Lim	ted Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	E	Bryan J. Stanley, Esq.			
		Name of Person			
	Bryan J. Stanley, P.A.				
		Firm/Company			
	209 Turner Street				
		Address	· · · · · · · · · · · · · · · · · · ·		
	(Clearwater, FL 33756			
		City/State and Zip Code			
	E-mail address: (an@bryanjstanley.com to be used for future annual report notific	eation)		
For further information	concerning this matter, please of	·			
Bryan	J. Stanley, Esq.	at (_727_)	161-1702		
Name of Person		Area Code & Daytime	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)		

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

FILED
2011 AUG 10 PM 1: 25

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Hagerstown Investments, LLC (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 ____February 10, 2005 __ and assigned L05000014235 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: N/A (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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida ___ City

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 = I	Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
.MGR	Bryan J. Stanley	209 Turner Street Clearwater, FL 33756	Add ✓ Remove
<u>MGR</u>	Tom Gaukel	2651 McCormick Drive Clearwater, FL 33759	✓ Add ☐ Remove
			Add Remove
			Add Remove
			AddRemove
			AddRemove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necessor	ary.)
_			——————————————————————————————————————
_			ZOII AUG I:0 SECKETARY
Dated	August 15 August 15 August 15	2011 nember or authorized representative of a member	PM 1: 25 OF STATE EE, FLORID
		Bryan J. Stanley Typed or printed name of signee	>

Page 2 of 2

Filing Fee: \$25.00