(Re	equestor's Name)			
(Ac	idress)			
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	e #)		
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A

TO: Registration Section Division of Corporations				
SUBJECT:	HSA :	HSA 5-2 LLC		
	(Name of L	imited Liability Company)		
The enclosed Ar	ticles of Amendment and fee(s) are su	bmitted for filing.		
Please return all	correspondence concerning this matter	r to the following:		
	Vaughn D. Holeman, Managing	Member or Craig A. Suman, Managing	g Member	
	•	(Name of Person)		
	HSA Interiors LLC			
	(Firm/Company)			
	2101 S. Waverly Place, Suite 100			
		(Address)		
	Melbou	rne, Florida 32901		
	(City	//State and Zip Code)		
For further infor	mation concerning this matter, please	call:		
Vaug	yhn D. Holeman/Craig A. S (Name of Person)	Suman at (321) 768-7 (Area Code & Daytime		
Enclosed is a chec	k for the following amount:			
\$25.00 Filing F	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: Registration Section	STREET/COURIED Registration Section	R ADDRESS:	
Division of Corporations P.O. Box 6327			Division of Corporations	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

HSA 5-2 LLC (Present Name) (A Florida Limited Liability Company) The Articles of Organization were filed on document number L05000065894 FIRST: ____ and assigned SECOND: This amendment is submitted to amend the following: Change the legal name to HSA Interiors LLC for the legal entity with the EIN Number of 20-3101933. April 27, 2007 Dated Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Craig A. Suman, Managing Member Typed or printed name of signee