# L05000170281

| (Req                      | uestor's Name)                         |  |  |
|---------------------------|--|--|--|
| (Address)                 |  |  |  |
| (Address)                 |  |  |  |
| (City/State/Zip/Phone #)  |  |  |  |
| PICK-UP                   | WAIT MAIL                              |  |  |
| (Busi                     | ress Entity Name)                      |  |  |
| (Document Number)         |  |  |  |
| Certified Copies          | Certificates of Status                 |  |  |
| Special Instructions to F | Ling Officer: Ready<br>S265<br>Lur Gay |  |  |

Office Use Only



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B. KOHR

EXAMINER

# COVER LETTER

| TO: Registration S<br>Division of Co |  | 1   |  |
|--------------------------------------|--|---|--|
| SUBJECT: <b>Kin</b>                  | catou Fosty<br>Name of Umi                 | Echarge Jee of ited Liability Company   | odators, LLC   |
| The enclosed Articles of             | f Amendment and fee(s) are sub             | omitted for filing.   |  |
| Please return all corresp            | ondence concerning this matter             | to the following:   | 0.   |
|                                      | AR-EH                                      | Name of Person  | JUN 25 AN IO. 15   |
|                                      | 7215-1                                     | Firm/Company -Ng LEWOOD Landress  | TO T   |
| ·                                    | TALLAHAS S<br>AR L GAY<br>E-maj addregs: ( | City/State and Zip Code  City/State and Zip Code  Coty to be used for future annual report notifica | dion)  |
| For further information              | concerning this matter, please of          | call:   |  |
|                                      |  | at () Area Code & Daytime T   |  |
| Name                                 | of Person                                  | Area Code & Daytime 1   | elephone 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: 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

| Riveston FOREY Exc/HWGE HOENDOSTORS 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 7/18/2005 and assigned Florida document number 65000 7028/                                       |
| 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 "L.L.C."                                    |
| Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  TALLA/HASSEE, F. 32309   |
| 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: |
| Name of New Registered Agent:  New Registered Office Address:  72.5 Aug Le wood wr  Enter Florida street address   |
| TALLAHASSEE Florid 32307  City 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 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 = Managing Member Title Type of Action **Address** Lyson B. Collins  $\prod$  Add Remove MARY ASEHUR C. Gray Add Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated JUNE 14 Signature of a member or authorized presentative of a member

> Page 2 of 2 Filing Fee: \$25.00