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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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2012 JUN 25 AM 8: 44
SECRETARY OF STATE

J. SAULSBERRY EXAMINER JUN 29 2012

COVER LETTER

TO: Registration S Division of Co						
SUBJECT:						
	Name of Lim	ited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.				
Please return all corresp	oondence concerning this matter	to the following:				
	RICHAR	D S. MCNEESE, ATTO	RNEY	_		
		Name of Person				
Firm/Company						
36468 EMERALD COAST PARKWAY, SUITE 1201						
Address						
	DESTIN, FL 32541					•
	SH	City/State and Zip Code ARPMAXA@AOL.COM	TAR) ASSE	2912 JUN 25	Fi.	
	E-mail address: (to be used for future annual report	notification)	m 07		T
For further information	concerning this matter, please	call:		ECRETARY OF STATE LLAHASSEE. FLORIO	11 18 HV	
	RD S. MCNEESE	at (_850_)	337-4242	>	.	
Name	of Person	Area Code & D	aytime Telephone Numb	er		
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 end	losed) Certifie	ate of Stat		sed)
	LING ADDRESS:	STREET/CO	DURIER 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

HGR E (<u>Name of the Limited L</u> (A F	37L2 INVE iability Compa lorida Limited I	STMENTS, LLC ny as it now appears on o liability Company)	our records.)					
The Articles of Organization for this Limited Lial Florida document number	• •	were filed onJUL	Y 26, 2005	and ass	igned			
This amendment is submitted to amend the follow	ving:							
A. If amending name, enter the new name of t	he limited liab	ility company here:						
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company," t	he designation	"LLC" or the a	ıbbreviation			
Enter new principal offices address, if applicable:		5320 KENNON LA	ANE	2012 SEC 7ALL				
(Principal office address MUST BE A STREET ADDRESS)		BOSSIER CITY, L	A 71112	> -n	-			
				ETAR S NU	1 7			
				SEE 37 €				
Enter new mailing address, if applicable:		5320 KENNON LA	ANE	An An				
(Mailing address MAY BE A POST OFFICE BOX)		BOSSIER CITY, L	_A 71112	용호 영	Sangare P			
				A G				
B. If amending the registered agent and/or registered agent and/or the new registered office.			ecords, <u>ente</u>	r the name o	of the new			
Name of New Registered Agent:	RICHARD S. MCNEESE							
New Registered Office Address:	36468 EME	RALD COAST PAR	KWAY, SL	JITE 1201				
-	Enter Florida street address							
		DESTIN	, Florida _	3254				
		City		Zip Code	?			
No Double and A coult Cication if character Do	_:							

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 <u>Name</u> **Address Type of Action TONI REID MGRM** 11275 U.S. HIGHWAY 98 WEST ☐ Add MIRAMAR BEACH, FL 32550 Remove MGRM LIBERTY LEGAL RESEARCH, 755 GRAND BLVD, B105-173 MIRAMAR BEACH, FL 32550 MGRM MARAJA, LLC 5320 KENNON LANE BOSSIFR CITY I A 71112 ☐ Remove Add Remove \square Add Remove ☐Add D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **JUNE 22** 2012 Dated Signature of a member or authorized representative of a member MAX SHARP Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00