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EXAMINER

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DATE:

10-09-2012

NAME:

HHRI MCKINNEY LLC

TYPE OF FILING: ARTICLES OF AMENDMENT

COST:

\$25

RETURN:

ACCOUNT: FCA00000015

AUTHORIZATION:

COVER LETTER

TO:	Registration S Division of Co			
ѕивл	ict.	HRI MC	KINNEY, LLC	
501501			ted Liability Company	
		of Amendment and fee(s) are sub condence concerning this matter		·
		7	HOMAS MITCHELL Name of Person	
		HI	RI MCKINNEY, LLC Firm/Company	,
		14	HO HIGHWAY AIA Address	
		v	ERO BEACH, FL 32963 City/State and Zip Code	
			hell C hra on line. net to be used for future annual report notificati	(on) 12 OCT
For fu	_	concerning this matter, please of		
	/HO. Name	MAS MITCHELL.	at (772) 492-5002 Area Code & Daytime Te	elephone Number
		the following amount:		
\$2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
	Regi Divi P.O.	nLING ADDRESS: stration Section sion of Corporations Box 6327 shassee, FL 32314	STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons or Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	HRI MCKINNI	EY, LLC					
(Name of the Limited) (A	Liability Company a Florida Limited Liab	s it now appeality Company)	rs on our records.)				
·							
The Articles of Organization for this Limited Liability Company were filed on $1/6/3006$ and assigned							
Florida document number <u>LO60000</u>	2604		, ,				
This amendment is submitted to amend the follow	wing:						
A. If amending name, enter the new name of	the limited lighilit	v company he	ra.				
A. If amending name, enter the new name of	the fillited mabilit	/ COMPANY IIC	<u> </u>				
The new name must be distinguishable and end with	the words "Limited	Liability Com	eany." the designation "Ll	LC" or the abbreviation			
"L.L.C."		waaring coning	,,				
Enter new principal offices address, if applica	able:						
(Principal office address MUST BE A STREE	-						
	_						
	_			<u> </u>			
Tinton and a state of the state				· - 9			
Enter new mailing address, if applicable:	 						
(Mailing address MAY BE A POST OFFICE BOX)							
	-			<u> </u>			
B. If amending the registered agent and/o	or registered office	e address on	our records, enter th	co ne name of the nev			
registered agent and/or the new registered of		, 11001100 021					
			•				
Name of New Registered Agent:	NATIONAL CORPORATE RESEARCH, LTD., INC.						
New Registered Office Address:	155 Office Pla	za Drive					
New Negateten Office Address.	Enter Florida street address						
	Tall	ahassee	. Florida	32301			
		City	, riotida	Zip Code			
New Registered Agent's Signature, if changing I	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
ARESIDENT	TIMOTHY S. SMICK	140 HIGHWAY AIA VERO BEACH, FL 32963	Add Remove
NKE PRESIDENT	- SARABETH HANSON	1440 Нівншач АІА VERD BEACH ,FL 32963	Add Remove
Secretary VI	ce <u>Resident</u> Charles Jennings	1440 HIGHWAY A1A VERO BEACH, FL 32963	Add Remove
<u> Areasurer</u>	THOMAS MITCHELL	1440 HIGHWAY AIA YERO BEACH, FL 32963	Add Remove
ASSISTANT SE	CRETARY DONNA DORSEY	1440 HIGHWAY AIA VERO BEACH, FL 32963	Add Remove
<u>c</u>			Add Remove
D. If amend	ding any other information, enter chauge(s	s) here: (Attach additional sheets, if necessary.)	_
			12 001 -9
			- A 0:
Dated		TREASURER or authorized representative of a member	18
	Typed or	M. fc.kg[/ r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00