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PICK-UP	☐ WAIT	MAIL
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SEP 23 2008
EXAMINER



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-SECRETARY OF STAFF DIVISION OF CERPORATION

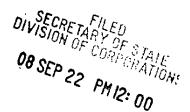
COVER LETTER

	tration Sect on of Corpo		•				
SUBJECT:	н, S & H	INVEST	MENTS L	LC			æ
				ited Liability Compan	у)		_
The enclosed A	Articles of A	mendment an	d fee(s) are sub	mitted for filing.			
Please return a	ll correspond	lence concern	ing this matter	to the following:			
		CUDICTO	NIED CHOW	(CON			
		CHRISTOR	PHER S HOW	(Name of Person)			
	H, S & H INVESTMENTS LLC (Firm/Company)						
				(i init company)			
		9645 KEMF	PER DRIVE				
			•	(Address)			
		LONE TRE	E, CO 80124				
				(City/State and Zip Co	de)		
For further info	ormation cor	ncerning this r	natter, please ca	ali:			
CHRISTOPH	ER S. HOV	VSON		at (303) 9	21-9260		
(Name of Person) (Area Code & Daytime Telephone Num			elephone Numbe	er)			
Enclosed is a c	heck for the	following am	ount:				
□ \$25.00 Fili	ng Fee	\$30.00 Fil Certifica	ing Fee & ate of Status	□\$55.00 Filing For Certified Copy (additional copy)		Certified	te of Status &
	Registrat	G ADDRES ion Section of Corporation 6327		Regis Divis	EET/COURIER stration Section sion of Corporation on Building		

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



H, S & H INVESTMENTS LLC					
(Name of the Limited)	A Florida Limited L	ny as it now appea Liability Company)	rs on our records.)		
The Articles of Organization for this Limited I Florida document number L06000012112	Liability Company	were filed on FE	BRUARY 3, 2006 and assigned		
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name (of the limited liab	ility company he	<u>re</u> :		
HSH INVESTMENTS, LLC					
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ited Liability Comp	any," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		9645 KEMPER	DRIVE		
		LONE TREE, CO 80124			
Enter new mailing address, if applicable:		9645 KEMPER	DRIVE		
(Mailing address MAY BE A POST OFFICE BOX)		LONE TREE, C	LONE TREE, CO 80124		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	CHRISTOPHI	ER S HOWSON STREET	our records, enter the name of the new		
	MIAMI	(C':)	, Florida 33135		
		(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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM_	HOFACER C GILES III	950 EUCLID AVENUE, NO. 209 MIAML BEACH, FL, 33139 US	Add Remove
MGRM_	CHRISTOPHER HOWSON	73 MADISON STREET DENVER. CO. 80206 US	Add Remove
MGRM_	CHRISTOPHER S HOWSON	9645 KEMPER DRIVE LONE TREE, CO 80124	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter c	hange(s) here: (Attach additional sheets, if neces.	sary.)
_			
	•		
Dated Septer	mber 17 , 2	2008 .	
	Signature of a m	ember or authorized representative of a member	
	OTINISTOL TIEN 3	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00