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SINSION OF CORPORATIONS

J. BRYAN

DEC - 4 2008

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	Hutcheson Gr (Name of Limi	iggs, LLC ited Liability Company)	Section 19 1 1	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	L.S	tuart Griggs (Name of Person)	· 	
	Wholesale	Marine of North F	florida, LhC	<u> </u>
	5068 Yac	ht Club Rd. (Address)		OS DEC -3 AN II: 48
	Jacksonvi	le Fl. 32210 (City/State and Zip Code)		3 CO STOP
King Stage	Prince Hospital Forting	(City/State and Zip Code)		
For further information of	concerning this matter, please c	all: etchap d		5
L. Stua (Name	rt Griggs of Person)	at (904) 382-278	Selephone Number)	
Enclosed is a check for t	he 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 State Certified Copy (additional copy is	

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

080EC-3	SECONO DE COMO	
	241: 48	STORE OF STORES

Hutcheson Griggs, LLC				
(Name of the Limited I (A l	Liability Company Florida Limited Lia	as it now appear bility Company)	s on our records.)	
The Articles of Organization for this Limited Lia	bility Company w	vere filed on 5	ebruary 24,20	o6 and assigned
Florida document numberL_060002098			<i>Q</i> .	
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabili	ty company her	e:	
Wholesale Mari	ine of Nor	th Florido	LLLC	
The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liability Compa	ny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:		5068	Uacht CI	ub Rd.
(Principal office address MUST BE A STREET ADDRESS)		Jack	sonville, F	ub Rd.
			32210	
Enter new mailing address, if applicable:		5068	Yacht Clu	b Rel.
(Mailing address MAY BE A POST OFFICE BOX)		Jac	Ksonville, Fl	b Rcl.
•			32210	
B. If amending the registered agent and/or registered agent and/or the new registered offi		ce address on o	our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	L.St	uart Grige	Lub Pd. ater Florida street ad	
New Registered Office Address:	5068	yacht C	lub Pd.	
		(En	iter Florida street ad	ldress)
	Jackson	ville	, Florida	32210 (Zip Code)
		(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 = M MGRM =	anager Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
D. If ame	December 1 20	ge(s) here: (Attach additional sheets, if necessary.)	OBOEC -3 AMII: 48
	-	er or authorized representative of a member L. Stuart Griggs	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00