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**EXAMINER** 

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## **COVER LETTER**

TO:	Registration S Division of Co			
SUBJI				
0000		Name of Lim	ited Liability Company	
The en	iclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.	
Please	return all corresp	ondence concerning this matter	r to the following:	
			Jan Carson Cheezem	
			Name of Person	
			Cohen/Fox P.A.	
- 33 - 35 - 3 - 3			Firm/Company	
201 S. B			iscayne Boulevard, S	uite 850
			Address	
			Miami, Florida 33131	
			City/State and Zip Code	
		E-mail address: (	amys@cohenfox.com to be used for future annual rep	ort notification)
For fu	rther information	concerning this matter, please		
		Carson Cheezem	at (_305_)	702-3000
	Name	of Person	Area Code &	Daytime Telephone Number
Enclos	sed is a check for	the following amount:		
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	Certificate of Status & Certified Copy (additional copy is enclosed)
	Regis Divisi	LING ADDRESS: tration Section ion of Corporations 30x 6327	Registration	Corporations

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

Fort Hill Ventu	rers, LLC			
( <u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears pility Company)	s on our records.)		
,				
The Articles of Organization for this Limited Liability Company we	ere filed on	5/10/2007	and assig	ned
Florida document numberL07000049886				
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited liabilit</u>	y company here	<u>:</u> :		
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Compar	ny," the designation "I	LC" or the abl	oreviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on o	ur records, <u>enter t</u>	the name of	the new
Name of New Registered Agent:		<u> </u>	TATE TO	
New Registered Office Address:		Elevider et et	APR APR	
	Ent	er Florida street ada	13 R	Termo
	City	, Florida	Zi Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			PARE ORID	

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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Charles K. Cheezem	201 S. Biscayne Blvd. Suite 850 Miami, Fl 33131	Add ☑ Remove
MGR_	Michael J. Cheezem	201 S. Biscayne Blvd. Suite 850 Miami, Fl 33131	✓ Add Remove 
			Add Remove
<del></del>			Add Remove
			Add Remove
<del> </del>			Add Remove
D. If amen	nding any other information, enter ch	range(s) here: (Attach additional sheets, if necessary.)	<del></del>
· _			
Dated	April 9	2010 Q	_
	Signature of a men	mber or authorized representative of a member	<del></del>
		Jan Carson Cheezem /ped or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00