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•		
• (Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
`	,	•
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

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SECRETARY OF STATE OF LORID

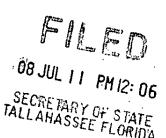


COVER LETTER

Division of Corporations	
SUBJECT: <u>DEEDS LOTS</u> (Name of Limited Liability)	L.L.C.
The enclosed member, managing member or manager filing.	r resignation and fee(s) are submitted for
Please return all correspondence concerning this matt	ter to:
17. WESLEY DEEDS (Contact Person)	
(Firm/Company)	
7900 NW & G TERR (Address)	······································
TAMBERC FL. 33321 (City/State and Zip Code)	
For further information concerning this matter, please	e call:
Name of Contact Person) at (Area	254) 20-4468 a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo \$25 Filing Fee	orida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)_

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



•				- THASSEE FLORIDA
•	DEEDS	LOTS LL	C	ДОП
(<u>Name of the Limited</u> (A	Liability Company	y as it now appears of	n our records.)	
The Articles of Organization for this Limited Lie	ability Company v	were filed on	110/07	and assigned
Florida document number	1448			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabil	ity company here:		
HWD	LOTS L	4 C		
The new name must be distinguishable and end with "L.L.C."	the words "Limite	ed Liability Company	" the designation "	'LLC" or the abbreviation
Enter new principal offices address, if applicable:		H. WESLEY DEEDS JR.		
(Principal office address MUST BE A STREE	(ADDRESS)	3169	EUELYN (C7,
		FRAN	KLIN, TA	ENN 37064
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE I	BOX)			
				,
B. If amending the registered agent and/or the new registered off			records, enter	the name of the new
Name of New Registered Agent:	DAULD	R. ROY		
New Registered Office Address:				
		FEDERAL H (Enter	r Florida street a	ldress)
				33664 (Zip Code)
		(City)		(Zip Code)
M. D. J. 14 (10) (10)				

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)

MGR = Ma MGRM = N	nager Managing Member		,
Title .	<u>Name</u>	<u>Address</u>	Type of Action
MGRIN.	H. WESLEY DEEDS	7900 HW 86 TERR TAMARIX, FL 33321	Add Remove
mgrm_	EHATNE DEFOS	7900 NW 86 TERR. TTMARNE FL. 33321	Add Remove
m <i>grm</i>	HOWESLEY DIEEDS DR.	3/69 EUELYN CZ. ERANKLIN, TENN 3706	Add Remove
			Add Remove
	 .		Add Remove
			Add Remove
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar)	<i>).</i>)
_ _ _			SECNETARY OF TANKLAHASSEE FI
Dated	71.2	Jaslan Josh	PH 12: 06 E F LORIDA
	H.	r or authorized representative of a member Wesley Deeds Tor printed name of signee	

Page 2 of 2

Filing Fee: \$25.00