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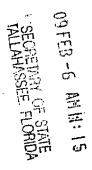
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M. THOMAS

FEB - 9 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	ECT: HADLEY MCLEROY PLL (Name of Limited Liability Dompany)	
The en	. nclosed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	SERRIVIAN Hacles (Name of Person)	
	1-ladley Blown PLLC (Firm/Company)	
	4408 Delwood LAXIE# 2	
	The information concerning this matter, please call: Selection State St	てご
For fu	rther information concerning this matter, please call:	. (£
	SERRIVIEN Fadley at (80) 233-5455 (Area Code & Daytime Telephone Number)	ज
11	sed is a check for the following amount: 5.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

6.00

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

Hadley Mc Li	ERDY PLIC			
. (Name of the Limited Liability ((A Florida Li	Company/as it now appears on mited Liability Company)	our records.)		
(**********		09/12/07		
The Articles of Organization for this Limited Liability Co	mpany were filed on <u>-27</u>	000093373 and assigned		
Florida document number <u>LO 700009337</u>	3			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ad liability company hara-			
				
The new name must be distinguishable and end with the word		ale decimalism (I I C) and a liberation		
'L.L.C."	s "Limited Liability Company,"	the designation "LLC" or the authoritation		
Enter new principal offices address, if applicable:		<u> </u>		
Principal office address MUST BE A STREET ADDRE	<u> </u>			
		是点。		
Enter new mailing address, if applicable:	 			
Mailing address MAY BE A POST OFFICE BOX)				
•				
B. If amending the registered agent and/or registe		records, enter the name of the new		
registered agent and/or the new registered office addre	ess here:	,		
Name of New Registered Agent:		·		
New Registered Office Address:				
	(Enter Florida street address,			
•		, Florida		
-	(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 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						
Title ,	<u>Name</u>	Address	Type of Action			
Membze	Laulen McIzlay	2211 Thomas Dr. 4200 PANAMA City Beach F1	Add Remove			
<u>mcem</u>	TIFFANY A BROWN	1408 Delwood LANE HO Bay Point H 32411				
			Add Remove			
			Add Remove			
			Remove			
D. If amendi	ng any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	_			
<u></u>			_			
_	· /		<u> </u>			
Dated	Jan 14, 200					
-	Selepituring Hadle	or authorized representative of a member of printed name of signee				

Page 2 of 2

Filing Fee: \$25.00