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SECRETARY OF STATE

M. Thomas JUN 06 2008

COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT: 17e	dron LLC				
,	(Name of Limi	ted Liability Company)			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Jason St	(Name of Person)			
	Hedron LC	(Firm/Company)			
	1800 He	cher St			
	melbour	(City/State and Zip Code)	·		
For further information c	oncerning this matter, please ca	all:	As	, ,	
Jason Str	ahan of Person)	at (321) 576 - 81 (Area Code & Daytime T	Telephone Number)	1 S- NOF 80	
Enclosed is a check for the	ne following amount:		FLOATA	PH 12: 31	Ö
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclose		
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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

Hedron UC.	
(<u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Comparing Local Control Comparing Local Control Contro	any were filed on 10134107 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	liability company here:
The new name must be distinguishable and end with the words "L" "L.L.C."	cimited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ASS.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1800 Peterer Strang
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	office address on our records, enter the name of the new here:
Name of New Registered Agent:	
New Registered Office Address:	(Enter Florida street address)
	(City) , Florida (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 <u>Title</u> **Type of Action Name** Address Jason Strake emove 🗂 Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) of a member or authorized representative of a member Signature or printed name of signee Page 2 of 2

Filing Fee: \$25.00