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T. CLINE

MAY 12 2009

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|--------------------------|------|
| SUBJECT: HANG Em High PORSAIL, LLC (Name of Limited Liability Company) | | |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. | | |
| Please return all correspondence concerning this matter to the following: | | |
| Steve SNOW DEN (Name of Person) | | |
| (Firm/Company) | | |
| 42 Audinusso Lawe | 20 | |
| SANTA ROCA BOL FL 32459 (City/State and Zip Code) | 2009 MAY 11 SECRETAR) | FILE |
| For further information concerning this matter, please call: | N PM 12: 39 | |
| Steve SNOWDEN at (850, 978-1114 (Area Code & Daytime Telephone Number) | TATE ORIDA | |
| Enclosed is a check for the following amount: | | |
| \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | f Status & | |
| | | |

MAILING ADDRESS:

', **a**

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

1 1

| Hang'Em | tigh tarasail, UC |
|---|---|
| (Name of the Limited Liability) (A Florida | ty Company as it now appears on our records.) Limited Liability Company) |
| The Articles of Organization for this Limited Liability of Florida document number <u>LOSO0000208</u> | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the lin | nited liability company here: |
| The new name must be distinguishable and end with the we "L.L.C." | ords "Limited Liability Company," the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | 42 And NWOOD FEEL |
| (Principal office address MUST BE A STREET ADD. | SANTA ROSA BOL 32459 |
| Enter new mailing address, if applicable: | 42 Austinuous IRME |
| (Mailing address MAY BE A POST OFFICE BOX) | SANTA ROSA BOL BALLS 32459 |
| B. If amending the registered agent and/or registered agent and/or the new registered office add | stered office address on our records, enter the name of the new lress here: |
| Name of New Registered Agent: | Steve SNOWDEN |
| New Registered Office Address: | 42 Austinuous Lane (Enter Florida street address) |
| S | DONA ROSA BEACL, Florida 32459 |
| New Designation of Asserting Circuit and Life Street Co. | (City) (Zip Code) |
| New Registered Agent's Signature, if changing Registere | a 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 = Mana MGRM = Ma | nger maging Member | | |
|-------------------------|-------------------------|--|--|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| <u>MGR</u> M | CLASERIEL: | S.SNOWOFN 200 SANDESTIN DESTIN, EANTH ROSA (3250 | Add Remove |
| | | | Add Remove ARECRETARY OF FLORE Remove Add Remove ARECRETARY OF FLORE Remove |
| D. If amendin | ig any other informatio | n, enter change(s) here: (Attach additional sheet. | Add Remove |
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Page 2 of 2

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