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## COVER LETTER

4.

TO:	Registration Security Division of Cor			
CUD IE		coa Beach, LLC		
SUBJE	CT:		nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspon	ndence concerning this matter	to the following:	
		Gordon H. Harris		
			Name of Person	
			Firm/Company	
		1201 E. Robinson Street		
			Address	
		Orlando, FL 32801		
			City/State and Zip Code	
		evelyn@hhbzlflorida.com		
For furth	ner information co	E-mail address: ( oncerning this matter, please c	to be used for future annual report notifi all:	cation)
Gordon	H. Harris		407 843-0404 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	d is a check for th	e following amount:		
□ \$25.	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Big Sky-Cocoa Beach, LLC		
( <u>Name of the Limited Liabli</u> (A Florid	lity Company as it now appears of la Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability of School of Communication for this Limited Liability of Communication for the Communication for this Limited Liability of Communication for the Communication for t	Company were filed on March	a 27, 2008 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
SHPM LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADD	RESS)	
	<del></del>	
Enter now mailing address if applicables		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
B. If amending the registered agent and/or registered agent and/or the new registered office ade  Name of New Registered Agent:		ir records, enter the name of the new
New Registered Office Address:		
Hew Registered Office Address.	Enter Florida	street address
	, Florida	
<del></del> -	City	Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my agent as provided for in Cha red office address, I hereby c	duties, and I am familiar with and pter 605, F.S. Or, if this document is
	If Changing Registered Agent	Signature of New Registered Agent
	Page 1 of 3	of STA

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Ms $AMBR = Au$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			Change
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he 90th day after the re				
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