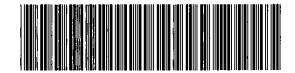
L080000 32642

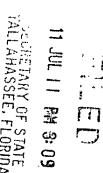
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D. BRUCE

JUL 1 2 2011

EXAMINER

COVER LETTER

	egistration Section ivision of Corporations		
SUBJECT	. HUGHE	ES TRIM L. L. C.	
Sebulc:	· 	nited Liability Company	
The enclos	ed Articles of Amendment and fee(s) are so	ubmitted for filing.	
Please retu	rn all correspondence concerning this matte	er to the following:	
		CORI CURRIER	
		Name of Person	
	GEORGE 1	FRENEN BUSH CPA & CO., P	.A
		Firm/Company	
		309 FISH HAWK DR.	7 A A A A A A A A A A A A A A A A A A A
		Address	発言して
	WIW	NTER HAVEN, FL 33884	ARY
		City/State and Zip Code	The R III
	CORI	_GTBCPA@YAHOO.COM	For the Court of t
	E-mail address:	(to be used for future annual report notificati	F STATE FLORIDA
For further	information concerning this matter, please	call:	A —
	GEORGE TRENEN BUSH		1-8866
	Name of Person	Area Code & Daytime Te	lephone Number
Enclosed is	a check for the following amount:		
\$25.00 F	Filing Fee \$\square \qua	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 Registration Section Division of Corporatio Clifton Building 2661 Executive Center	ns .

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

HUGHES TRIN (Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.)		
The Articles of Organization for this Limited Liability Company we	ere filed onand assigned		
Florida document number L080000 32642			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	y company here:		
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	₽		
_	AR S		
Enter new mailing address, if applicable:	TARY		
(Mailing address MAY BE A POST OFFICE BOX)	TH # 11		
· _	OR STA		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name of the new		
Name of New Registered Agent: BENJAMIN WO	ORTH		
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	ity 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.

Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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

<u> Title</u>	<u>Name</u>	Address	Type of Action
MGR	AMY WORTH	2732 SEQUOYAH DR. HAINES CITY, FL 33844	Add Remove
<u>MGRM</u>	BENJAMIN WORTH	2732 SEQUOYAH DR. HAINES CITY, FL. 33844	Add Remove
<u> </u>			Add Remove
- 			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter ch	nange(s) here: (Attach additional sheets, if neces.	sary.)
		LAHASSEE.	<
		LORIDA A	4 5
Dated	v 2 5	 	
ر)	Signature of a mer	mber or authorized representative of a member	· · · · · · · · · · · · · · · · · · ·
	Benjan	nin Worth ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00