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SECRETARY OF STATE
ALLAHASSEF, FI ORIGINAL

D. BRUCE

MAY 0 7 2008

EXAMINER

COVER LETTER

	ation Section of Corporations	
	TD Marketing 11.0	
SUBJECT: HI	D Marketing, LLC	
	(Name of Limited Liability Company)	
The enclosed Art	icles of Amendment and fee(s) are submitted for filing.	
"Please return all o	correspondence concerning this matter to the following:	
	David C. Uhlig	
	(Name of Person)	
	Klein, Cote' & Edwards, LLC	· .
•	(Firm/Company)	OB HAY SECRET
	201 North Mill Street, Suite 203	ASS ASS
A Barton Carlo	(Address)	
	Aspen, CO 81611	FIS =
A CR STORY SERVICE	(City/State and Zip Code)	AH II: 34 OF STATE FLORIDA
and the second		DA DA
For further inform	nation concerning this matter, please call:	
∌⊝ <mark>David C. Uhl</mark>	ig at (970) 925-8700	
The Reflection of the Control of the	(Name of Person) (Area Code & Daytime Telephone Number	er)
Enclosed is a che	ck for the following amount:	
\$25,00 Filing	Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee	ing Fee.
	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified	te of Status &
and the same of th		
	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	
***	Tailahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab		
(A Flori	ility Company as it now appears on our ida Limited Liability Company)	records.)
(A FIOR	da Elimica Elabinty Company)	TAS 0
The Articles of Organization for this Limited Liabilit	ty Company were filed on April 3, 20	08 Sand assigned
Florida document number <u>L08000034242</u>	•	N. SELVET CORRESPONDE
		SSR 6
This amend the following	ž.	
•		
A. If amending name, enter the new name of the	limited liability company here:	34 RIDA
The new name must be distinguishable and end with the	words "Limited Liability Company" the	legionation "I I C" or the abbreviation
"L.L.C."	words Elimited Elability Company, the C	lesignation LLC of the appreviation
,_,_,,		
B. If amending the registered agent and/or re	gistered office address on our reco	rds, enter the name of the new
registered agent and/or the new registered office a		<u> </u>
Try the way.		
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	(Enter Flor	ida street address)
	(Enter Flor	ida street address)
		Florida
	(Enter Flor (City)	·
		Florida
New Registered Office Address: —	(City)	Florida
	(City)	Florida
New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Regist	(City) rered Agent:	Florida(Zip Code)
New Registered Office Address: New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered age	(City) Gered Agent: ent and agree to act in this capacity.	Florida(Zip Code) I further agree to comply with
New Registered Office Address: New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered age the provisions of all statutes relative to the proper	(City) Tered Agent: Pent and agree to act in this capacity. To and complete performance of my du	Florida(Zip Code) (Zip Code) I further agree to comply with ties, and I am familiar with and
New Registered Office Address: New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered age the provisions of all statutes relative to the proper accept the obligations of my position as registered.	(City) Tered Agent: Tent and agree to act in this capacity. To and complete performance of my due to agent as provided for in Chapter 60	(Zip Code) (Zip Code) I further agree to comply with ties, and I am familiar with and 18, F.S. Or, if this document is
New Registered Office Address: New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered age the provisions of all statutes relative to the proper accept the obligations of my position as registered being filed to merely reflect a change in the registered ages to the proper accept the obligations of my position as registered being filed to merely reflect a change in the registered.	(City) Tered Agent: Tent and agree to act in this capacity. To and complete performance of my duely agent as provided for in Chapter 60 tered office address, I hereby confirm	(Zip Code) (Zip Code) I further agree to comply with ties, and I am familiar with and 18, F.S. Or, if this document is
New Registered Office Address: New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered age the provisions of all statutes relative to the proper accept the obligations of my position as registered.	(City) Tered Agent: Tent and agree to act in this capacity. To and complete performance of my duely agent as provided for in Chapter 60 tered office address, I hereby confirm	(Zip Code) (Zip Code) I further agree to comply with ties, and I am familiar with and 18, F.S. Or, if this document is

(If Changing Registered Agent, Signature of New Registered Agent)

If amonding the Managers or Managing Members on our records, enter the title, name, and address of each Manager of Managing Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
• · ·			AddRemove
			Add Remove
· · · · · · · · · · · · · · · · · · ·			Add Remove
D. If amend	ding any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
Ar	ticle II. The mailing address of the	Limited Liability Company is:	Acc C
<u>At</u>	tn: Janette M. McCurley		SECRETA SECRETA
<u>11 / 10</u>	00 Second Avenue S. Suite 101-S		U. T. COLOURS
	Petersburg, FL 33701	ان د	27 o
		P L 0	MI :: 34
Dated May	Folkling	DA	15. 34 16. 34
		or authorized representative of a member	
	David C. Uhlig, attorney for HTD N	Marketing LLC and its sole member, Brill I printed name of signee	Key

Page 2 of 2

Filing Fee: \$25.00