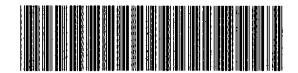
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(Requestor's Name)				
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J. BRYAN

JUL 2 9 2008

EXAMINER

COVER LETTER

Division of Corpo			
SUBJECT:	H. CARL MCG	ARY, LLC	
	(Name of Lim	ited Liability Company)	
	mendment and fee(s) are sub	_	
		H. Carl McGary	80 8 NAIS
		(Name of Person)	JUL 5.00.E
	H.G	CARL MCGARY, LLC	28 28
		(Firm/Company)	PH ROCE
	730.0	Camellia Green Drive	2: 1
	7000	(Address)	& %S
	Sun City	Center, FL 33573	
		(City/State and Zip Code)	
For further information cor	acerning this matter, please c	all:	
H. Carl McGary		at (813) 679-4701	
(Name of	Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for the	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
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H. CARL MCGARY, LI	_C	27. 副
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	क रू
The Articles of Organization for this Limited Liability Company	were filed on June 26, 2008	and assigned
Florida document number <u>L08000062840</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Limi" "L.L.C."	ited Liability Company," the designation "I	LLC" or the abbreviation
Enter new principal offices address, if applicable:	498-B Cypress Village Blvd.	
(Principal office address MUST BE A STREET ADDRESS)	Sun City Center, FL 33573	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	·	he name of the new
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	(Enter Florida street ad	dress)
	(Enter Florida street address)	
	, Florida (City)	(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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member <u>Title</u> <u>Address</u> **Type of Action** <u>Name</u> 730 Camellia Green Dr. H. Carl McGary, Broker ✓ Add MGRM Remove ____Add Remove 🗖 Add Remove ☐ Add Remove / Add Remove **∫** Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ 2008 _____July 24 Signature of a member or authorized representative of a member H. Carl McGary

Typed or printed name of signed

Page 2 of 2

Filing Fee: \$25.00