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EXAMINER

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2010 JAN -4 PH 3: 50 SECRUTARY OF STATE TALLAHASSEE, FI DEID

COVER LETTER

TO: Registration S Division of Co	ection rporations				
ѕивјест: ВНс	Name of Limi	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Ruth K.	Name of Person HCDonard, P. Firm/Company	ને	2010 JAN -4 PH SECRETARY OF TALLAHASSEE, F	FILE
	4348 Sout	MPOINT BIVE. Ste	330	3: 50 STATE FLORIDA	
	<u>Jackson</u>	UULE FL 32216 City/State and Zip Code	0		
	YUH a Y	uthmcclonal to be used for future annual report notifica	dlaw	.com	
For further information of	concerning this matter, please c	all:			
Ruth Name of	<u>LCDONAL</u> d	at (<u>ODL) 22U \$1</u> Area Code & Daytime T	035 Felephone Number	-	
Enclosed is a check for t	he following amount:		,		
₹25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &)

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

BHOLD, L	ــــــــــــــــــــــــــــــــــــــ		
(Name of the Limited Liab (A Flor	ility Company as it now appears on ida Limited Liability Company)	our_records.)	
The Articles of Organization for this Limited Liability Florida document number <u>LOYODOTOT</u>		23 2008 and assigned	
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company here:		
		7A S	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company,"	the designation "HG" or me abbreviation	
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	A.S.S.	
(Principal office address MUST BE A STREET AL	ODRESS)	m ge om	
		STATE CORIDA	
Enter new mailing address, if applicable:	<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ecords, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter F	lorida street address	
<u> </u>	, 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 Changing Registered Agent, Signature of New Registered Agent

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 = M	lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MORM	<u> William D Holdemai</u>	13626 Dicaysa Dr. Jacksonville FL 32225	Add ☑ Remove
MORM	Drue J. Holdeman	131026 PICAYSA DY Jacksmyille Fi 32275	_ Æ ∕Add ☐ Remove
			□ Add □ Remove
			Add Remove
		ASSET IN	Add Remove
		ORIDA	A GANGE CONTRACTOR OF THE CON
D. If amend	ling any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	_
_			_ _
Dated	Ruth K	9 OMALY, AUTHORITED (e) rauthorized representative of a member . UCDIMUS printed name of signee	<u>'ρ.</u>

Page 2 of 2

Filing Fee: \$25.00