## L08000074798

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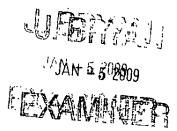
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SECRETARY OF STATE
ALL AHASSEF, FLORID



## **COVER LETTER**

Division of Co	rporations				
SUBJECT:	HiD	ef360, LLC.			
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.			
Please return all correspondent	ondence concerning this matter	r to the following:			
	Holly Davis				
		Name of Person			
	HiDef360, LLC				
	Firm/Company				
	3 Prichard Way			TALLA SEC	
	Address			10 JAN -4 SECRETAR ALLAHASSI	T
	Atlanta, GA 30326			ARY ASSI	LEU
	City/State and Zip Code		PM 3: 39  RY OF STATE SEE, FLORID		
		hollydavis@me.com		F STATE FLORIDA	
	E-mail address: (	to be used for future annual report notificat	ion)	26. 39 39	)
For further information	concerning this matter, please	call:			
!	Holly Davis	at ( 678 ) 42	28-0070		
	of Person	Area Code & Daytime Telephone Number		<del></del>	
Enclosed is a check for t	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status				
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certified		
			(addition	nal copy is enci	losed)
MAILING ADDRESS:		STREET/COURIER ADDRESS:			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Registration Section** 

TO:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HiDef36	0, LLC.			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on ou Liability Company)	r records.)		
The Articles of Organization for this Limited Liability Company Florida document numberL08000074798	were filed onMarc	h 23,2009 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the	designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:	3 Prichard Way	AN-4 PA		
(Mailing address MAY BE A POST OFFICE BOX)	Atlanta, GA 30326			
		39 PATE 1810/2		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ords, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	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

**Title Type of Action** <u>Name</u> **Address** Mike Russell MGRM 1451 West Cypress Creek Rd Suite 30 ☐ Add Ft Lauderdale, FL 33309 √ Remove MGRM **Holly Davis** 3 Prichard Way **✓** Add Atlanta, GA 30326 ☐ Add Remove Add Remove □Add Remove ∏Add ☐ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) December 22 2009 Dated\_ Signature of a member or authorized representative of a member Linda Myers Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00