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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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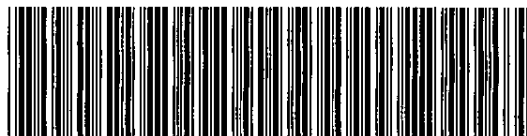
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EXAMINER



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12/02/08--01023--002 **30.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
08 DEC -2 AM 11:29

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ASTCHD, LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

M. Todd Burke, Esq.

(Name of Person)

Burke, Blue, Hutchison, Walters & Smith, P.A.

(Firm/Company)

215 Grand Boulevard; Suite 101

(Address)

Miramar Beach, Florida 32550

(City/State and Zip Code)

For further information concerning this matter, please call:

Danna Ivey - Asst. to Todd Burke, Esq. at (850) 267-9498

(Name of Person)

(Area Code & Daytime Telephone 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 DEC -2 AM 11:29

ASTCHD, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 9/02/2008 and assigned
Florida document number L08000083516.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Not Applicable

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

9201 Market Street; Number 168
Destin, Florida 32550

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

9201 Market Street; Number 168
Destin, Florida 32550

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

M. Todd Burke, Esq.

New Registered Office Address:

215 Grand Boulevard; Suite 101

(Enter Florida street address)

Miramar Beach

(City)

Florida 32550

(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:

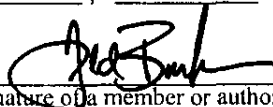
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Reg. Agent	Richard C. Waterfill	15 Floyd Court	<input type="checkbox"/> Add
		Palm Coast, FL 32137	<input checked="" type="checkbox"/> Remove
MGR	Kathleen Slate-Hamilton	9201 Market Street; Number 168	<input checked="" type="checkbox"/> Add
		Destin, Florida 32550	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated November 25, 2008



Signature of a member or authorized representative of a member

M. Todd Burke, Authorized Representative

Typed or printed name of signer