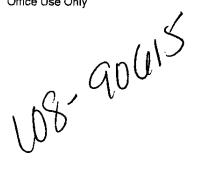
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M. THOMAS

NOV - 3 2008

EXAMINER

COVER LETTER

Registration Section

Tallahassee, FL 32314

SUBJECT: The Hi	Line Group	ited Liability Company)			4
	(Name of Lim	ned Liability Company)			
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
•	Chris Cento				
		(Name of Person)			
w.	The Hi Line Group				
יע		(Firm/Company)			
	118 kay lane				
		(Address)			
	altamonte springs florida	32701			
	allamonte springs nonda	(City/State and Zip Code)			
For further information	concerning this matter, please c	cail:		SECRE	l Jo ea
Chris Cento		at (321) 3881345		25. 25.	<u> </u>
(Name of Person) (Area Code & Daytime Telepho		'elephone Number)		F	
Enclosed is a check for	the following amount:			STATE	31 MM 1:45
☑ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fe Certificate of S Certified Copy (additional copy	Status &	
	LING ADDRESS: tration Section	STREET/COURIER Registration Section	ADDRESS:		
Division of Corporations P.O. Box 6327		Division of Corporation Clifton Building	ons		

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Hi Line Group, LLC.		
(Name of the Limited Li. (A Fl	ability Company as it now appears on our reco orida Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liab	ility Company were filed on 9-23-08	and assigned
Florida document number <u>L.08000090615</u>	es	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
<u> </u>		
The new name must be distinguishable and end with the	he words "Limited Liability Company," the desig	nation "LLC" or the abbreviation
"L.L.C."		
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
		32
		SEC.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	H - H
		1 9 ≥ B
		STAT ORIG
B. If amending the registered agent and/or registered agent and/or the new registered offic		enter the name of the nev
Name of New Registered Agent:		
N. D. Company		
New Registered Office Address:	(Enter Florida s	street address)
	Fla	orida
•	(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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

Type of Action Address **Title** <u>Name</u> Chris Cento mgrm ■ Z Add 118 kay lane Altamonte springs FI 32701 Remove ┌ Add Remove r Add ☐ Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated OCT 27th 2008 Signature of a member or authorized representative of a member Chris Cento Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00