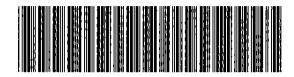
L08000107669

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
•				

Office Use Only



000201083200

05/03/11--01044--007 **58.00

11 HAY -3 PH 1:47
DEFARITION OF STATE OLVISION OF CURPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED

B. KOHR
MAY - 3 2011
EXAMINER

11 HAY -3 PM 3: 45

SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
TO: Registration Section Division of Corporations SUBJECT: MSSiSSippi Land Haddings, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing.
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Amy N Hurne Name of Person
Smith Thompson Show Minnaci + Colon PA Firm/Company
3520 Trumssville Road 4th floor
Tell. Fl. 32309 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Amy N Horne at (850) 893 4105 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$\$\$\$\$\$ (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



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

(A Florida Limited Liability Company)

(A)	Florida Limited Liability Company)	5
The Articles of Organization for this Limited Lia Florida document number <u>Lのも00010</u> で	bility Company were filed on <u>NOV. 19, 2008</u> 7469	_ and assigned
This amendment is submitted to amend the follow.	•	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the designation "LLo	C" or the abbreviation
Enter new principal offices address, if applica		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B		
B. If amending the registered agent and/or registered agent and/or the new registered offi	registered office address on our records, enter the ce address here:	_
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	
	, Florida	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add Remove		
			_		
			Add Remove		
			Add Remove		
. .			Add		
			——————————————————————————————————————		
			Add Remove		
			Add Remove		
D. If a	mending any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	_		
	the articles are heret	oy amended to change	<u></u>		
	Article VII to read	oy amended to change as follows: Initial Capi	tal		
		bl amount of cash con			
		s follows: Christine Bou			
	\$ 20.00		<u> </u>		
Dated	July 17 , 2010	<i>O</i> .			
_	7	V			
	Signature of a member of	or authorized representative of a member			
	CHRISTINE ?	30065			
	Typed or printed name of signee				

Page 2 of 2

Filing Fee: \$25.00