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COVER LETTER

Division of Co	orporations			
SUBJECT:	Hilton Investment Group, LLC			
	Name of Limi	ted Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Ber	ry J. Walker, Jr. Esquire		
		Name of Person		
	W	alker & Tudhope, P.A.		
		Firm/Company		
	1053 Maitland	Center Commons Blvd.,	Suite 200	
		Address		
		Maitland, FL 32751		
	City/State and Zip Code			
	berryw E-mail address: (@walkerandtudhope.co	m otification)	
For further information	concerning this matter, please of	eall:		
Berry J.	Walker, Jr., Esquire	at (407)	478-1866	
Name	of Person	at (407) Area Code & Day	time 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	\$60.00 Filing Fee, Certificate of Status &	

MAILING ADDRESS:

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

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

(additional copy is enclosed)



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hilton Investment Group, LLC, a Florida Limited Liability Company (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 November 21, 2008 and assigned		
Florida document numberL08000108189	2 00		
This amendment is submitted to amend the following:	09 JUL 21		
A. If amending name, enter the new name of the limited liab	ility company here:		
N/A	2 OH		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	14238 Corkwood Lane		
(Principal office address MUST BE A STREET ADDRESS)	Astatula, FL 34705		
Enter new mailing address, if applicable:	14238 Corkwood Lane		
(Mailing address MAY BE A POST OFFICE BOX)	Astatula, FL 34705		
B. If amending the registered agent and/or registered office address here	fice address on our records, <u>enter the name of the nev</u> <u>e</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
110W Itegissored Office I toggsood.	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 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 Title **Name** Address Type of Action MGRM Perkins, Heather 27615 US Hwv 27 ___ Add Suite 112-204 ∇ Remove Leesburg, FL 34748 Benevides, Pedro P. MGRM 14238 Corkwood Lane **✓** Add Remove Astatula, FL 34705 _ Add Remove Remove \square Add __Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2009 July 20 Dated _____ Signature of a member or authorized representative of a member Pedro P. Benevides, Manager/Managing Member

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Filing Fee: \$25.00

Typed or printed name of signee