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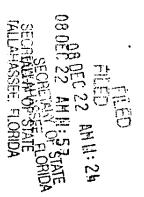
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M. THOMAS

DEC 23 2008

EXAMINE

· COVER LETTER

TO: Registration S Division of Co		6 g		
SUBJECT: HARTLEY	Y AND MYERS PROPERTI	ES LLC		
		nited Liability Company)		
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	C. B. MYE			
		(Name of Person)		
	C. B. MYE	RS III P.A. (Firm/Company)		
	PO_BOX_141	0		0
		(Address)		30000000000000000000000000000000000000
LAKE WALES, FL 33859-1410			調器	
		(City/State and Zip Code)		
For further information of	concerning this matter, please of	all:		OB DEC 22 AM M: 24 SECRETARISE OF STATE
	IYERS III of Person)	at (<u>863</u>) 679 5337 (Area Code & Daytime T	Felephone Number)	Dr
Enclosed is a check for the	he 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 Stat Certified Copy (additional copy i	

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

HARTLEY AND MYERS	PROPERTIES LLC	our regards		
(A Florida	ty Company as it now appears on a Limited Liability Company)	our records.		
The Articles of Organization for this Limited Liability	Company were filed on	MBER 3, 2008 and assigned		
Florida document number <u>L08000110966</u>	·			
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the lir</u>	nited liability company here:			
The new name must be distinguishable and end with the w 'L.L.C."	ords "Limited Liability Company,"	the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	(RESS)			
		# # # # # # # # # # # # # # # # # # #		
Enter new mailing address, if applicable:		m-17 - 2		
(Mailing address MAY BE A POST OFFICE BOX)		STATE ORDA		
B. If amending the registered agent and/or regiregistered agent and/or the new registered office ad		ecords, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	(Enter Florida street address)			
	(City)	, Florida (Zip Code)		
	(City)	(Zip Coae)		

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 amonding 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>	Type of Action
MGRM	C.B. MYERS III	PO BOX 1410 LAKE WALES, FL 33859-1410	Add XXI Remove
MGRM	CBM GROVES, INC.	PO BOX 1410 LAKE WALES, FL 33859-141	Add Remove
			AddRemove
			Add Remove
			Add Remove
			Add C
D. If ame	ending any other information, enter o	hange(s) here: (Attach additional sheets, if n	ecessary.) FLORIDA
- -			
– Dated	DECEMBER 17,	2008 .	
	Signature of a mo	ember or authorized representative of a member	
		yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00