#L080001/2828

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K. SALY EXAMINER MAY 6 2011

COVER LETTER

Division of Cor	porations	
SUBJECT:	Name of Limited Liability Company ASSOCTATE ASSOCTATE	25
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	Mary Mrchele Hodson Name of Person Calvale) Firm/Company	
	5842 SE SON COUSTIE CTYCLE	
	Hobo Sound, FL 33455 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information co	oncerning this matter, please call:	
Mary Mare of	Chele Hudson at 772 349 - 6353 (Ceil H	
Enclosed is a check for th	ne following amount:	
\$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section

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

HUDSON FORE JSTC (Name of the Limited (A	Liability Compan Florida Limited L	IV as it now appears on our liability Company)	WOIK ASSOCIATED LLC	
The Articles of Organization for this Limited Li Florida document number	ability Company <u>ONA</u> 828	were filed on <u>12/0°</u>	and assigned	
This amendment is submitted to amend the following	_			
A. If amending name, enter the new name of	the limited liabi	lity company here:	•	
Maverio.	$K \setminus C$	W Groot) LLC	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limit	ed Liability Company," the	designation "LLC" or the abbreviation	
Enter new principal offices address, if applica	able:	MA		
(Principal office address MUST BE A STREE	T ADDRESS)			
11. Moop at 011100 Hawress 1/1001 DD 11511111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		200	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE A	ROX)	NA	HASSEE THE BUT AND	
Training usuress Mail BD /11 ODE OF FACE	<u> </u>		<u>5.</u>	
			56.	
B. If amending the registered agent and/or registered agent and/or the new registered of			ords, enter the name of the new	
Name of New Registered Agent:	A/W			
New Registered Office Address:				
		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 = Ma MGRM = I	nnager Managing Member \(\sum / \frac{1}{4} \)		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	~ ~ ~
			- -
_		\	
Dated	tpril .30 201		···
	Mary Mrchi	authorized representative of a member Clear Hours Solve printed name of signee	

Page 2 of 2

Filing Fee: \$25.00