## 10000033486

(Requestor's Name)  (Address)  (Address)	500158340265		
(City/State/Zip/Phone #) PICK-UP WAIT MAIL	07/13/0901043018 **25.00		
(Business Entity Name)			
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L. SELLERS

JUL 13 2009

**EXAMINER** 

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## **COVER LETTER**

	egistration Secti vivision of Corpo		•			
SUBJECT	۲ <b>:</b>	Hernando	County H	oldings, LL0	0	
,		Name of	Limited Liabilit	y Company		
The enclos	sed Articles of An	nendment and fee(s) as	e submitted for	filing.		
Please retu	ırn all correspond	ence concerning this n	natter to the follo	owing:		
				Jacobs, Esq.		
		Lav		Jeffrey Zwirn, Company	P.A.	
		2	107 W. Cas	s Street, Suite	∍ C	
			***	ddress		
				, FL 33606		
			-	and Zip Code		
	•	E-mail addr	ajacobs@2 ess: (to be used fo	zwirnlaw.com or future annual repo	ort notification)	
For further	information con	cerning this matter, ple	ease call:			
		M. Jacobs	at (	<u>( 813 ) </u>	871-146	
	Name of Po	erson		Area Code &	Daytime Teleph	one Number
Enclosed i	s a check for the	following amount:				
\$25.00	Filing Fee [	\$30.00 Filing Fee & Certificate of Stat	us Cer	00 Filing Fee & tified Copy ditional copy is en	nclosed)	]\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registrati Division o P.O. Box	G ADDRESS: on Section of Corporations 6327	-	Registration Division of Clifton Build	Corporations	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT . TO ARTICLES OF ORGANIZATION OF

Hernando County	Holdings, L	LC		
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	y as it now appea ability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company v  Florida document numberL0900023486	were filed on	March 10, 2009	and assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company he	re:		
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Comp	pany," the designation "Ll	LC" or the abb	 previation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office address here		our records, enter th	ie name of	the new
Name of New Registered Agent:			09 JL SE 32 ALLA	
New Registered Office Address:		nter Florida street addr	des .	
	E		ega ;: W	[7]
	City	, Florida	Zip Code	J
New Registered Agent's Signature, if changing Registered Agent:			22 PAE PE	

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 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>	<u>Address</u>	Type of Action
MGR .	Brenda Elias	9348 BEARFOOT TRAIL WEEKI WACHEE, FL 34613 U	✓ Add S Remove
MGR_	William Constant	9348 BEARFOOT TRAIL WEEKI WACHEE, FL 34613 U	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information	, enter change(s) here: (Attach additional sheets, if ne	cessary.)
_			
			7ALSS
Dated	July 8		PIL 09 JUL 13 SECALIAS ALLAHAS
	Signatu	re of a member or authorized representative of a member  AARON M. JACOBS  Typed or printed name of signee	
		Page 2 of 2	8: 22 HATE ORIDA

Filing Fee: \$25.00