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SECRETARY OF STATE
NIL AHASSEE FLORIDA

J. BRYAN

.IUN 3 0 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: John Hd2 LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	m., 0
Please return all correspondence concerning this matter to the following:	STEER TO
John T Holz Name of Person	JUN 29 PH 3: 39 RETARY OF STATE AHASSEE, FLORID
John T Holz Firm/Company	3: 39 STATE FLORIDA
3003 S Congress he Ste 2	D
Palm Springs F1 33461 City/State and Zip Code John tholzepa (a) Conegatine E-mail address: (to be used for future almost report notification)	- .t
For further information concerning this matter, please call:	
Kinbory Crews at (Sh') 729 1218 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certifie	ate of Status &

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

John H	holz LLC	
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C		2009 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and end with the wor'L.L.C."	ds "Limited Liability Company," the c	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		SECRICE TA
(Principal office address MUST BE A STREET ADDR	PESS)	RETAR AHASS
Enter new mailing address, if applicable:		PH 3:
(Mailing address MAY BE A POST OFFICE BOX)		RITE O
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Floric	da 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 amen	ding the Managers or Managing Members aging Member being added or removed from	on our records, <u>enter the title, name, an our records</u> :	and address of each Manager
	: Manager I = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Me	2 Kim berly Crews	3003 S Congress Av Palm Springs, Fl	ESELD MAdd Remove
	<u> </u>		Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If an	Company is Changing	and the second s	
Dated _	6/25/09 a.a. 1	\S	FILED 09 JUN 29 PM 3:4 SECRETARY OF STATE ALLAHASSEE, FLORID
	John 1	or amhorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00