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EXAMINER

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11/30/10--01027--004 **55.00

SECRETATOR STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Hammock Luxuel' Lenery LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
CRAIG STRAK! Name of Person
Name of Person
Hammuck Lutual Porett, Lice Firm/Company
Firm/Company
389 Parm Coast Parmat #4
Address
Parm Coast FL 32137 City/State and Zip Code
E-mail address; (to be used for future annual report notification)
For further information concerning this matter, please call:
Claus STEARY Name of Person at (386) 338 - 5000 Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\text{S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}}

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

Hammock Lusurt	
(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 (/11/2009 and assigned	
Florida document number L09000 S6947	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviati "L.L.C."	on
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 on our records, enter the name of the no registered agent and/or the new registered office address here:	<u>₩</u>
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	.9
New Registered Office Address:	#75 176
Enter Florida street address	to the
, Florida , 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



MGR = Manager

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:

- MGRM = Managing Member Title <u>Name</u> **Address Type of Action** ROSE MARSI MGR 309 PALM GOST PEWY #4 ☐ Add Remove 389 Parm CLAST PKWY #4 MGR CRAIG STRAKT Remove ☐ Add ☐ Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 19 ____, _2010___. Dated_ Signature of a member or authorized representative of a member CRAIG STRAKT Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00