

JAN/11/2010/MON 03:15 PM

DELOACH HOFSTRA

FAX No. 727-3935418

01/02/2010

# L0900094809

Florida Department of State  
Division of Corporations  
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Email Address: Karen @ DHSTC.com

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SHORECREST INVESTMENT FUND, LLC

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EXAMINER

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DELOACH HOFSTRA

FAX No. 727 3995418

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January 11, 2010

FLORIDA DEPARTMENT OF STATE

Division of Corporations

SHORECREST INVESTMENT FUND, LLC  
6100 - 51ST STREET SOUTH  
ST. PETERSBURG, FL 33715US

SUBJECT: SHORECREST INVESTMENT FUND, LLC  
REF: L09000094809

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

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Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

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JAN/11/2010/MON 03:15 PM DELOACH HOFSTRA  
FACSIMILE AUDIT NO.: H10000004456 3

FAX No. 727 3935418

FILED 0003004

2010 JAN 11 AM 8:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

SHORECREST INVESTMENT FUND, LLC

(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 OCTOBER 1, 2009 and assigned Florida document number L09000094809

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

HOFCAV, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

8840 SEMINOLE BOULEVARD

(Principal office address MUST BE A STREET ADDRESS)

SEMINOLE FL 33772

Enter new mailing address, if applicable:

8640 SEMINOLE BOULEVARD

(Mailing address MAY BE A POST OFFICE BOX)

SEMINOLE FL 33772

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

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

JAN/11/2010/MON 03:16 PM DELOACH HOFSTRA

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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 = Manager
MGRM = Managing Member

Table with 4 columns: Title, Name, Address, Type of Action. Contains entries for MICHAEL R. O'BRIEN, PETER T. HOFSTRA, and PAUL R. CAVONIS with checkboxes for Add and Remove.

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Blank lines for entering additional information.

Dated JANUARY 7, 2010

Signature of a member or authorized representative of a member

PETER T. HOFSTRA
Typed or printed name of signer

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