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DIVISION OF CORPORATIONS

SEP 1 4 2012 T. HAMPTON

COVER LETTER

TÒ:	Registration Division of		ions		• ;		
SUBJE	CT:	HUG	HES UMBANH	OWAR A	RCHITECT	S, LLC	
Name of Limited Liability Company							
The enc	losed Article	s of Amer	idment and fee(s) are sul	omitted for fil	ing.		
Please r	eturn all corre	esponden	ce concerning this matter	to the follow	ing:		
			SCOTT HUGHES Name of Person				
Name of Person							
HUGHES UN		MBANHOWAR ARCHITECTS, LLC			LC		
				Firm/C	ompany		
935		9357	7 SE OLYMPUS STREET		•		
Address							
			шс	DE SOUN	ID, FL 33455		
		_	110		nd Zip Code		·
			S	сотт@н	UUM.COM		
			E-mail address: (to be used for i	uture annual report	notification	<u>n)</u>
For furt	her information	ion concer	ning this matter, please of	call:			
	S	COTT	HUGHES	at (772 ₎	546	-7011
		me of Perso		at (Area Code & Da		
			owing amount:				
▼ \$25.	00 Filing Fee	·	\$30.00 Filing Fee & Certificate of Status	Certif	Filing Fee & fied Copy tional copy is encl	losed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Re Div P.C	gistration vision of 0 D. Box 63	Corporations		STREET/CO Registration S Division of Co Clifton Buildi 2661 Executiv Tallahassee, F	ection orporation ng ve Center	is

TO SEGRE TARY OF STATE ARTICLES OF ORGANIZATION DIVISION OF CORPORATIONS

OF

12 SEP 13 PM11:08

HUGHES UMBAI	NHOWAR ARCHIT	ECTS, LLC	
(Name of the Limited Liabili (A Florid	<u>ity Company as it now apper</u> a Limited Liability Company)	ars on our records.	
·	• • • • •	ì	
The Articles of Organization for this Limited Liability	Company were filed on	03/01/2010	and assigned
Florida document numberL10000022465	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company he	ere:	
The new name must be distinguishable and end with the w"L.L.C."	ords "Limited Liability Comp	pany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	DRESS)	. , , <u>, , , , , , , , , , , , , , , , ,</u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		our records, enter t	he name of the new
Name of New Registered Agent:			
New Registered Office Address:	r	nter Florida street add	
	E		ress
	City	, Florida	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 = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
<u>MGRM</u>	Charles Scott Hughes	9357 SE OLYMPUS STREET HOBE SOUND, FL 33455	Add Remove
			Add Remove
MGR	SCOTT HUGHES	9357 SE OLYMPUS STREET HOBE SOUND, FL 33455	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	_
			SEGIETARY OF OUR DIVISION OF CORP
Dated	SEPTEMBER,	2012	BOSTORS SHOTTORS STATE The state of the s
		rember or authorized representative of a member HARLES SCOTT HUGHES	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00