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TO ACKNOWLEDGE SUFFICIENCY OF FILMS

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DEPARTMENT OF STATE
NVISION OF CORPORATIONS
THE AUG. -6 PM 1: 27

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C. LEWIS

AUG - 6 2010

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor		A Section of the Contract of t	•
Hills	rt Daywall an	1 Home Timberous	ments L.LC.
SUBJECT:		ted Liability Company	7107/10 C. C.C.
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
•		15.11	
	Havard H	· · · · · · · · · · · · · · · · ·	
		Name of Person	•
		Firm/Company	
	av na		
	915 Munson	Address	
•	Tallahassee	FZ. 32305	•
•	19/19/45528	- City/State and Zip Code	
	Hhilbert O	Vahoo. Com	
For further information of	oncerning this matter, please c		
To futtion information c	oneering in a matter, preuse e		
Name o	f Person	at () Area Code & Daytime T	elephane Number
		The Code a Day mile	•
Enclosed is a check for the	ne following amount:	•	:
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & *. Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			:
Registr Divisio P.O. B	ING ADDRESS: ation Section on of Corporations ox 6327 assec. FL 32314	STREET/COURIEI Registration Section Division of Corporati Clifton Building 2661 Executive Center	ions

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

10 AUG - 6 PM 1: 32

SECLETARY OF STATE The Articles of Organization for this Limited Liability Company were filed on 3 Florida document number <u>L1000</u>0031700 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 abbreviation "L.L.C.". 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City .

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager MGRM = Managing Member **Title** <u>Name</u> Address Type of Action Kezia Hilbert Remove Remove Add, Remove Remove Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) gnature of a member or authorized representative of a member Typed or printed name of signee

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:

Page 2 of 2

Filing Fee: \$25.00