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Certified Copies	<u> </u>	_ Certificates	of Status
Special Instruction	ıs to l	Filing Officer:	
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EXAMINER

Office Use Only



000196027130

02/28/11--01023--015 **25.00

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HAMRA HOLDINGS, 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:
Jane Yeager Cheffy Name of Person Jane Yeager Cheffy Firm/Company 2375 TAMIAMITEN.#375 Address Maples FL 34103 City/State and Zip Code Janecheff (2) earth link. The tagenty
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Same Section
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ Certificate of Status \$\ \text{Certified Copy} \text{(additional copy is enclosed)}\$\$ Certified Copy \text{(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

HAMRA HOLDINGS,	LLC	Acc =	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records Liability Company)	7 N F	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned	
Florida document number <u>L1000054040</u> .		FF S	
This amendment is submitted to amend the following:		SD C.	
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the designat	ion "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	4285 (30) E 8	have Blud V	
(Principal office address MUST BE A STREET ADDRESS)	Maples Fl 3	54103	
	·,		
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ter the name of the new	
The state of the s		•	
Name of New Registered Agent:		· 	
New Registered Office Address:			
	Enter Florida street address		
	, Florid		
	Citv	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	MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action			
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D. If an	nending any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)				
	Correcting the spell:	ing of the Managing Member's las	t.			
	name. Please correc	ct Hamra to Hamro.				
						
						
			_			
Dated	August , 20	010	•			
	A+ . 1	1				
	Signature of a mem	ber or authorized representative of a member				
	s	teve Hamro, III ped or printed name of signee				
	Туұ	ped or printed name of signee	·····			

Page 2 of 2

Filing Fee: \$25.00