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T. HAMPTON



COVER LETTER

Division of Co	prporations				
SUBJECT:	POSH 1 HOLDINGS LCC				
JOBSECT,		nited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:			
		Jerome Scroggins	·		
Name of Person					
POSH 1 HOLDINGS LLC					
	Firm/Company				
1591 Hayley Lane Suite 203					
	Address				
Fort Myers FL 33907					
City/State and Zip Code					
	Jerome8469@yahoo.com E-mail address: (to be used for future annual report notification)				
For further information	concerning this matter, please				
	ome Scroggins	at (_239_)	633-1966		
Name of Person		Area Code & Daytime Telephone Number			
Enclosed is a check for t	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

TO:

Registration Section

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

FILED 2011 OCT -5 PM 12: 21

SLUNETARY OF STATE (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) 7/1/10 and assigned The Articles of Organization for this Limited Liability Company were filed on L10000070848 Florida document number 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 City

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>	<u>Name</u>	Address	Type of Action
MGR	Michael Scroggins	1591 Hayley Lane Suite 203 Fort Myers FL 33907	✓ Add Remove
			Add Remove
			Add Remove
			Add Remove
			AddRemove
			Add Remove
D. If amend	ling any other information, enter cl	hange(s) here: (Attach additional sheets, if necessar	
Dated *	10-4-11 * Ma	1	FILED 2011 OCT -5 PH 12: 21 SLUCKLTARY OF STATE TALLAHASSEE. FLORIDA
		mber or authorized representative of a member	-
	T	Jerome Scroggins yped or printed name of signee	

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Filing Fee: \$25.00