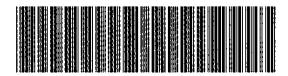
L10000094655

(Re	equestor's Name)			
(Ad	ldress)	 		
. (Ac	ldress)			
(* 10				
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Ri	isiness Entity Nar	ne)		
(50	omoss Energ Har	110)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
		,		

Office Use Only



100187730501

11/29/10--01056--011 **30.00

B. KOHR

DEC - 1 2010 .

EXAMINER

10 NOV 29 AHIO: 30

FILED SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

Division of Co	orporations				
SUBJECT:	331ND	STREET, LLC			
SUBJECT:		ited Liability Company	74.5		
			OK		
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	2		
Please return all corresp	ondence concerning this matte	r to the following:	10 KU 29 KM		
		BABETTE HAYES			
		Name of Person			
		Firm/Company			
	1911 HOLLYHOCK ROAD				
		Address			
	W	ELLINGTON, FL 33414			
		City/State and Zip Code			
	BABE ⁻	TTEHAYES@GMAIL.CON to be used for future annual report not	(fication)		
To Carlo at		•	incation		
For further information	concerning this matter, please of	call:			
BAE	BETTE HAYES	_{at (} 561 ₎	629-5705		
Name	of Person	Area Code & Daytime Telephone Number			
Enclosed is a check for	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)		
	NIG A PROPERTY				

MAILING ADDRESS:

TO:

Registration Section

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

	331NDSTREET, LLC		Or and		
(<u>Name of the Limited I</u> (A	L <mark>iability Company as it now appear</mark> Florida Limited Liability Company)	s on our records.)	OL 300		
			and assigned		
•	The Articles of Organization for this Limited Liability Company were filed on9/9/2010				
Florida document numberL100000946	<u>855 </u>				
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liability company her	<u>e</u> :			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applica					
(Principal office address MUST BE A STREET	ADDRESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE B	<u></u>				
B. If amending the registered agent and/or	r registered office address on o	ur roopeds ontor t	he name of the new		
registered agent and/or the new registered offi		ai records, <u>enter ti</u>	ne name of the new		
Name of New Registered Agent:	BABETTE HAYES				
New Registered Office Address:	1911 HOLLYHOCK ROAD				
	Enter Florida street address				
	WELLINGTON	, Florida	33414		
	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.

Changing Registered Agent, Signature of New Registered Agen

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 **Type of Action Title Address** Name | MGR **BRENDA HAYES** 1911 HOLLYHOCK ROAD ✓ Add WELLINGTON, FL 33414 Remove MGR **BABETTE HAYES** 1911 HOLLYHOCK ROAD ☐ Add WELLINGTON, FL 33414 Remove ☐ Add Remove Add Remove ∏Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **NOVEMBER 22** 2010 Dated __ Signature of a member or authorized representative of a member **BRENDA HAYES** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00