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B. BOSTICK

JAN 27 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Gorporations	•	
SUBJECT: Anjoint HO I	westons, LLC	
Name of I	Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are	e submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
	Robert Diaz	
	Name of Person	
	RAMM Grancial	_
	Firm/Company	•
<u> </u>	SI Woodfool Crose Blud	
	Address	•
A	18514MEE F1. 3474P	I SE
-	City/State and Zip Code  WHIMMICIAL CENSORGHARL. CON	II JAN 2
E-mail addre	ess: (to be used for future annual report notification)	JAN 25
For further information concerning this matter, plea		mam.
Robert Direc	at (4°7) 460 -1025 Area Code & Daytime Telephone Numbe	AH IO: 56
Name of Person	Area Code & Daytime Telephone Numbe	ملع
Enclosed is a check for the following amount:		
\$25.00 Filing Fee Solution State  \$30.00 Filing Fee & Certificate of State	(additional copy is enclosed) Certified	ate of Status &
MAILING ADDRESS: (Registration Section	STREET/COURIER ADDRESS: Registration Section	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

August HD Investor	s, LLC
(Name of the Limited Liability Company (A Florida Limited Liability	y as it now appears on our records.)
The Articles of Organization for this Limited Liability Company v	were filed on and assigned
Florida document number 12/22/2010.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	TA S
(Principal office address MUST BE A STREET ADDRESS)	A Property of the second secon
	50 25 T
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	7A1E
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code

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>Address</u> **Type of Action** Title Title <u>Name</u> RON TOHNSON 8323 NW 12Th 3T Suite 115 12 Add Minni, Pl. 33126 Rem Remove ☐ Add Remove ☐ Remove Remove  $\square$ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) JAN 18,2011 Signature of a member or authorized representative of a member Typed or printed name of signed

Page 2 of 2

Filing Fee: \$25.00