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K.SALY EXAMINER JUN 11 2012

COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	CT:		HOLDING LLC red Liability Company	
The end	losed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspon	dence concerning this matter	to the following:	
			SCOTT M BURKE Name of Person	
		Н	ABUR HOLDING LLC Firm/Company	
	1101 S E 9TH AVE Address			
	POMPANO BEACH, FL 33060 City/State and Zip Code			
		SCOTT HA E-mail address: (t	BURHOLDING@GMAIL.CC o be used for future annual report notifica	M
For furt	her information co	ncerning this matter, please c	all:	
•	SCC Name of	OTT BURKE Person	at (<u>954)</u> 2 Area Code & Daytime	24-4042 Telephone Number
Enclose	ed is a check for the	e following amount:		
\$25	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (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

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<u>:ds.</u>)	mosee,	ME ORI	l E

HABUR HOLDING LLC (Name of the Limited Liability Company as it now appears on our recor (A Florida Limited Liability Company) UQAThe Articles of Organization for this Limited Liability Company were filed on ______06/30/2011 _____ and assigned Florida document number <u>L11000076073</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: HABUR HOLDINGS LLC 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: 1101 SE 9TH AVE (Principal office address MUST BE A STREET ADDRESS) POMPANO BCH, FL 33060 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

_, Florida ___

Zip Code

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
MGRM.	ARBEN MUCOLLARI	936 NE 26TH AVE POMPANO BCH, FL 33062	☑ Add ☐ Remove
			Add Remove
	**************************************		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)	_
			-
	20/04/04/0)	
Dated	06/04/2012		
		SCOTT M BURKE ped or printed name of signee	
	Tyr	ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00