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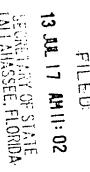
(Re	questor's Name)	
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K.SALY EXAMINER JUL 18 2013

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

HPOF 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:

Larry E. Jones

Name of Person

HPOF holdings LLC

Firm/Company

1101 N. Lake Destiny Rd, Ste 300

Addres.

Maitland, FL 32751

City/State and Zip Code

ljones1459@cfl.rr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Larry Jones

__407 **\475921**3

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 enclosed)

□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

<u>, ş</u>,

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 ARTICLES OF ORGANIZATION **OF**



HPOF Holdings LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited I Florida document number L1100001994	Liability Company were file	ar 08/30/2011 ar	nd assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability com	pany here:	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liabil	ity Company," the designation "LLC" o	r the abbreviation
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered of	or registered office add	ress on our records, enter the na	me of the new
Name of New Registered Agent:	Dina McKenna		
		estiny Rd, Ste 300	
New Registered Office Address:	Enter Florida street address		
	Maitland	, Florida 32751	
	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.

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> Type of Action <u>Name</u> <u>Address</u> Add <u>.</u>, Remove Remove

	•	
uly 9	2013	
uly 5		
	The state of the s	
Sign	nature of a member or authorized representative of a member	
Larry E. Jones		
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00