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J. BRYAN
DEC 1 2 2012

**EXAMINER** 

## COVER LETTER

	•	OVER LETTER	
TO: Registration So Division of Cor		•	
SUBJECT:	Hydro Dip I Name of Limit	Masters LLC ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	•
	312 i	Ellen MOORE  Name of Person  Dip Musters, hho Firm/Company  Address  Ulle F 3278  City/State and Zip Code on MUDRE GD YAhoo on be used for future annual report notification	FLORIBA FLORIBA
For further information of	concerning this matter, please of		13.)
	<del>-</del> "	at ( <u>321 )                                   </u>	33 ephone Number
Enclosed is a check for t	he 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 Taliahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hydro	Dip Master	rs, LlC.
( <u>Name of the Limited Liabili</u> (A Florida		
The Articles of Organization for this Limited Liability Florida document number		12/8/2011 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company her	<u>·e</u> :
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compa	any," the designation "HLC" or the abbreviation
Enter new principal offices address, if applicable:		一覧でこ
(Principal office address MUST BE A STREET ADL	PRESS)	SS THE
Enter new mailing address, if applicable:		F.STATE FLORIDE
(Mailing address MAY BE A POST OFFICE BOX)		,
B. If amending the registered agent and/or registered agent and/or the new registered office ad		our records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	En	nter Florida street address
		. Florida
<del></del>	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 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	Bertha Ellen MOOM	312 Acorn Dr Titusville, Fl 32788	Add
<b>,</b>		Titusville, Fl 32788	Remove
<u>M6R</u>	TROY R. Christensen	565 Shaddwood LN Titusville, Fl 32780	Add Remove
		SECRE ASS	Add T Respoye
		SECRE ASSEE, FLO.	Remove
			_ Add _ Remove
<del></del>			Add

If ar	nding any other information, enter change(s) here: (Attach additional sheets, if necessa	ry.)
	. 1	
		<del></del>
	Dec.10 1 0 8012	<del></del>
:d	12/10/12	
	Signature of a member or authorized representative of a member	
	TROY R. Christensen  Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00



December 10, 2012

I Troy Christensen resign as Manager of Hydro Dip Masters effective as of December 10, 2012.

TROY CHRISTENSEN

TALCARIASSEE, FLOR

DATE Dec 10,2012