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SECRETARY OF STATE

COVER LETTER

TO:	Registration S Division of Co			,		
_{SUBJECT:} Hupp Reta			ail Altamonte, LLC			
		Name of Lim	ited Liability Company			
The end	closed Articles of	f Amendment and fee(s) are sul	bmitted for filing.			
Please	return all corresp	ondence concerning this matter	r to the following:			
			Andrew J. Hupp			
			Name of Person			
		Hup	p Retail Altamonte, LL	С		
			Firm/Company			
	907 S. Ft. Harrison Avenue, Suite 102					
			Address			
			Clearwater, FL 33756			
			City/State and Zip Code			
		Fos E-mail address: (salie@hupprealty.com to be used for future annual repor	t notification)		
For fur	ther information	concerning this matter, please of	•	,		
	Ro	osalie Gallina	at (_727_)	210-1900		
	Name	of Person	Area Code & D	aytime Telephone Number		
Enclose	ed is a check for t	the following amount:				
\$25.	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	losed) Certified	of Status &	

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

	l Altamonte, Ll				
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now app ted Liability Compan	ears on our records	<u>.</u>)		
The Articles of Organization for this Limited Liability Comp	pany were filed on _	January 27, 2	:012 a	ınd assig	gned
Florida document numberL12000013755					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	liability company l	<u>iere</u> :			
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Con	npany," the designati	on "LLC" (or the ab	breviation
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS	<u>s)</u>				
					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ı our records, <u>en</u>	ter the na	ame of	the new
		•	TA S	5	
Name of New Registered Agent:			- LECRE	75	
New Registered Office Address:		D . D' . I	- 	-	
		Enter Florida stree Florid,	ΕQ	3	
	City	, a rot tu	- <u>- (S</u>	Code	
New Registered Agent's Signature, if changing Registered Ag	<u>cent:</u>		90 A		

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>		Address	Type of Action
MGRM	Justin L. Basil		500 S. Howard Avenue Suite C Tampa, Florida 33606	
				Add Remove
				Add Remove
				Add Remove
		· - · · · · · ·		□Add □Remove
·		 		Add Remove
D. If amend	ling any other informa	tion, enter chang	e(s) here: (Attach additional sheets, if necessary.)	_
_				_
		<i>A</i> 4		_ _
Dated	April 26,		<u>012</u> .	
	Sign	' \	or authorized representative of a member andrew J. Hupp	
			or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00