(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corpo	orations			
SUBJECT:	 	HOMASVILLE, LLC		
	Name of Limi	ted Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	ANDREW J. HUPP			
		Name of Person	ET. 2	
	HUPP RETAIL THOMASVILLE, LLC		2312 OCT 22	
		Firm/Company		
	907 S. FT. HARRISON AVENUE, SUITE 102		102	
	90/ 3. FT. FI	Address	Since The Control of	
	CLE	EARWATER, FL 33756 City/State and Zip Code	<u> </u>	
	ros			
	E-mail address: (salie@hupprealty.com to be used for future annual report notifica	ition)	
For further information con	ncerning this matter, please of	eall:		
Poo	alie Gallina	707 2	10-1900	
Name of I		at (727) 2 Area Code & Daytime		
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee &	 \$55.00 Filing Fee &	\$60.00 Filing Fee,	
	Certificate of Status	Certified Copy	Certificate of Status &	
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)	
MAILING ADDRESS: Registration Section		STREET/COURIER ADDRESS: Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box	c 6327	Clifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HB RETAIL THOMASVILLE, 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 Liability Company	were filed on	October 2, 20	12- and assign	ned
Florida document numberL12000126128			8	- F
			72	WASHING THE PARTY OF
This amendment is submitted to amend the following:			SECTION	177
A. If amending name, enter the new name of the limited liabil	ity company he	<u>re:</u>		
HUPP RETAIL THOM	MASVILLE, LI	_ .C	38 5	
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Comp	any," the designatio	n "LLC" or the abb	reviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered offi	ice address on	our records, ent	er the name of	the new
registered agent and/or the new registered office address here		our records, <u>enc</u>	er the hame or	ine new
Name of New Registered Agent:				
New Registered Office Address:				·
	Enter Florida street address			
	, Florida			
	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 **Type of Action** <u>Title</u> <u>Name</u> **Address** _____&dd Remove Add Remove Remove ∏Add Remove □Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 18 2012 Signature of a member or authorized representative of a member Antirey J. Hupp Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00