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TALLAHASSEE, FLORINA

COVER LETTER

TO: Registration Section Division of Corpo		20 0 4
SUBJECT: SH /	Name of Limited Liability Company	3 MPR 17 PM 1:02
The enclosed Articles of Ar	mendment and fee(s) are submitted for filing.	EE PORT
Please return all correspond	lence concerning this matter to the following:	DA.
	WILLIAM M. HURTER, ESQ.	
	SPARTAN LAW GROUP Firm/Company	
	13575 S8th St. N., Ste. 1.	51
	CLEARWATER, FC 33760 City/State and Zip Code Whyter & Spartan lawgroup. WM E-mail address: (to be used for future annual report notification)	
	City/State and Zip Code	
	where Espartaniangroup. wm	
	E-mail address: (to be used for future annual report notification)	
For further information con	cerning this matter, please call:	
WILLIAM M. HUR. Name of P	Person at (727) 772 - 7876 Area Code & Daytime Telephone N	Number
Enclosed is a check for the	following amount:	
\$25.00 Filing Fee	Certificate of Status Certified Copy Ce (additional copy is enclosed)	.00 Filing Fee, ertificate of Status & ertified Copy dditional 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

SH INVESTING (Name of the Limited I	16, LLC			1
(Name of the Limited I (A	Liability Company as Florida Limited Liabili	it now appears on our lity Company)	records.)	Service Service
The Articles of Organization for this Limited Lia Florida document number 4130004196	ability Company were Z	e filed on MARCH	ZO, Zologand assigned	ed TT
This amendment is submitted to amend the follow	wing:		ORION	2
A. If amending name, enter the new name of	the limited liability	company here:	,	
The new name must be distinguishable and end with "L.L.C."	the words "Limited L	iability Company," the d	lesignation "LLC" or the abbro	eviation
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	<u> ADDRESS)</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B				
Muning undress MAT BE AT OST OFFICE B	<u> </u>			
B. If amending the registered agent and/o registered agent and/or the new registered off	ice address here:			<u>ie new</u>
Name of New Registered Agent:	WILLIAM /	M. HULTER, E. St. St. N., St. Enter Florid	, 5Q,	
New Registered Office Address:	13575 5	8th St. N., St	e. 151	_
	/ /A = 1.45	Enter Florid	da street address	
	CEARWAI	tv	Florida 33760 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>	<u>Name</u>	Address	Type of Action	
			Add	
			Remove	
			Remove	
			Add	
			Remove	
			<u> </u>	
			Remove	
			Add	
			Remove	
			Add	
			Remove	

D. If amend	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) EIN NUMBER: 46 - 2331389	
Dated Af	PRIL 12 2013	
	PRIL 12, 2013.	
	Signature of a member or authorized representative of a member WILLIAM M. HURTER, ESA. ATTORNEY FOR STEPHEN HISSERT STEPHEN Typed or printed name of signee	- H MESTING, CCC
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00