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TO:

Registration Section Division of Corporations

SHDIECT.

HINSON'S GA, 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:

Sandra Z. Green, Esq.

Name of Person

JONATHAN H. GREEN & ASSOCIATES, P.A.

Firm/Company

799 Brickell Plaza, Suite 700

Address

Miami, Florida 33131

City/State and Zip Code

szg@jhglaw.com

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

For further information concerning this matter, please call:

Sandra Z. Green, Esq.

305 372-5100

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)

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

HINSON'S GA, LLC (Name of the Limited Liab) (A Flori	lity Company as it now ap da Limited Liability Compa	opears on our records.)	
The Articles of Organization for this Limited Liabilit Florida document number L13000051517	y Company were filed on	April 8,2013	and assigned
This amendment is submitted to amend the following	;		
A. If amending name, enter the new name of the	imited liability company	here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Co	ompany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office a	gistered office address ddress here:	on our records, <u>enter the</u>	name of the new
Name of New Registered Agent:			
New Registered Office Address:		7	100 d
		Enter Florida street addre	ss 2 1
	City	, Florida	Zip Code
New Degistered Agent's Signature if changing Degist	mad & come.		

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 **Title** <u>Name</u> **Address Type of Action** 4510 SW 82nd Avenue Hinson, Dorothy J. **MGRM** Miami, Florida 33155 4510 SW 82nd Avenue **MGRM** DJF Family Limited Liability Limited Partnership Miami, Florida 33155 Remove Remove

If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
t	
 Anri	I 16 2013 //
_{ed} Apri	. 2013
	the state of the s
	Signature of a member or authorized representative of a member
	SANDRA Z. GREEN, EsqAttorney for DJF FLLLP, MGRM
-	Typed or printed name of signee

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Filing Fee: \$25.00