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13 NOV -7 PH 3: 15

SECRETARY OF STATE
ALLAHASSEE, FI OBLINA

NOV - 8 2013

T. BROWN

COVER LETTER

TO:	Registration Sect Division of Corpo		• •	~ A*
SUBJI	ECT: Hu	DSON PROPER	TY GROUP LLC	
		Name of Limit	ed Liability Company	
The en	nclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspond	dence concerning this matter	to the following:	
		NEIL	GREENBAUM, ESQ.	
			Name of Person	
•			Firm/Company	
		310 SE 1	ST STREET, SUZTE	, 2
		OELRAY BE	EACU FLANZOA 3 City/State and Zip Code	3483
		NEILGREENBRUM E-mail address: (10	o be used for future annual report notificat	ion)
For fu	rther information cor	ocerning this matter, please ea	ıll:	
_ <i>N</i>	EIL GREE Name of I	ENBAUM, ESQ.	at (786) 256 9 Area Code & Daytime To	429 elephone Number
Enclos	sed is a check for the	following amount:	•	
12 \$2:	5.00 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 \mathbf{OF}

•	ORGANIZATION OF	13 NOVELLED
Name of the Limited Liability Com	GRAP LLC pany as it now appears on our d Liability Company)	TALECARE PH 3: 15 records.) SSEE E STAIC
(A Florida Limited (A Florida Limited)	d Liability Company)	records.) SEE FSA.
The Articles of Organization for this Limited Liability Compa	· · · · · · · · · · · · · · · · · · ·	6/2013 and assigned
Florida document number <u>L 13 000 145.5</u>	33	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and end with the words "L "L.L.C."	imited Liability Company," the c	lesignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </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 h		rds, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Floria	la 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

<u>Title</u>	<u>Name</u>		Address	Type of Action
MGRM	LINOA LEVY		310 SE 1ST STREET SUTTE 2	Add
			OELRAY BEACH FL 33483	Remove
		•	<u> </u>	
				Add
	:			Remove
				Remove
				_
				Add
				Remove
				Add
				Remove
				Add .
				Remove

a ())	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
`	·
	NOVEMBER 6 , 2013
	Signature of a member or authorized representative of a member
	ANOREW GREENBAUM Typed or printed name of signee
	Typed or printed name of signee Page 3 of 3

Filing Fee: \$25.00