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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

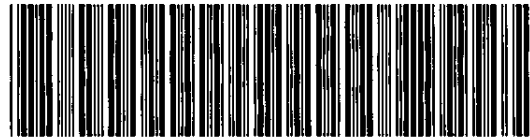
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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TALLAHASSEE, FLORIDA

**BOUNDS LAW OFFICES**  
2655 SOUTH LeJEUNE ROAD, Suite 805  
CORAL GABLES, FLORIDA 33134-5832  
PHONE (305) 728-1350  
FAX (305) 728-1351

**BRUCE M. BOUNDS**  
ADMITTED, FLORIDA,  
NEW YORK, PENNSYLVANIA  
& DISTRICT OF COLUMBIA

brucebounds@BoundsLawOffices.com  
Mobile: 305.336.0887

October 6, 2014

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Request for Filing and Certified Copy  
Certificate of Amendment (HPIGP, LP)

Dear Sir/Madam:

Attached please find the Certificate of Amendment to Certificate of Limited Partnership, pertaining to HPIGP, LP, as well as our firm check # 1188 made payable to the Florida Department of State in the total amount of \$105.00, which represents the filing fee for the Certificate of Amendment, as well as the fee for providing us with a Certified Copy following recording.

If the same is acceptable, upon filing, please return the Certificate of Amendment to us in the self-addressed, stamped envelope also enclosed herewith.

Respectfully submitted,



Larissa Pozo, Legal Assistant  
BOUNDS LAW OFFICES

enc.

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HPIGP, LP  
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

BRUCE M. BOUNDS  
Contact Person

BOUNDS LAW OFFICES  
Firm/Company

2655 S. LE JEUNE ROAD, SUITE 805  
Address

CORAL GABLES, FL 33134  
City, State and Zip Code

BRUCEBOUNDS@BOUNDSLAWOFFICES.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$52.50 Filing Fee
- \$61.25 Filing Fee and Certificate of Status
- \$105.00 Filing Fee and Certified Copy
- \$113.75 Filing Fee, Certified Copy, and Certificate of Status

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
HPIGP, LP**

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 06/13/2013, assigned Florida document number A13000000307, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:**

New name must be distinguishable and contain an acceptable suffix.

*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.*

*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.*

**B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:**

New Principal Office Address:  
(Must be *STREET* address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Mailing Address:  
(May be post office box)

\_\_\_\_\_  
\_\_\_\_\_

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**C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

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.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

**D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	Bartosz Uzarowski	17071 W. Dixie Highway, North Miami Beach, FL 33160	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	James Nahon	17071 W. Dixie Highway, North Miami Beach, FL 33160	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	Yosef Manela	6300 Wilshire Blvd, Suite 2030 Los Angeles, CA 90048	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	Eagle RHGP, Inc.	17071 W. Dixie Highway, North Miami Beach, FL 33160	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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**E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:**

- This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

**(NOTE: If adding or removing "limited liability limited partnership" status, all general partners must sign this amendment.)**

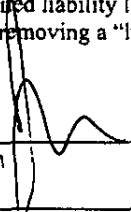
F. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Effective date, if other than the date of filing: \_\_\_\_\_  
*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

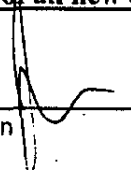
**Signature(s) of a general partner or all general partners\*:**

(\*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

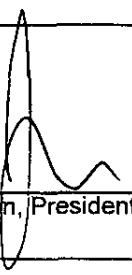
  
\_\_\_\_\_  
James Nahon

\_\_\_\_\_  
\_\_\_\_\_

**Signature(s) of all new or dissociating general partner(s), if any:**

  
\_\_\_\_\_  
James Nahon

\_\_\_\_\_  
Bartosz Uzarowski

  
\_\_\_\_\_  
James Nahon, President of Eagle RHGP, Inc.

\_\_\_\_\_  
Yosef Manela

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Filing Fee: \$52.50  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75

F. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Effective date, if other than the date of filing: \_\_\_\_\_  
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**Signature(s) of a general partner or all general partners\*:**

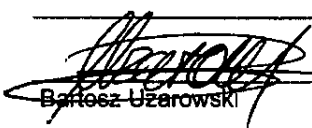
(\*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

\_\_\_\_\_  
James Nahon  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE FLORIDA

**Signature(s) of all new or dissociating general partner(s), if any:**

\_\_\_\_\_  
James Nahon  
\_\_\_\_\_  
  
Bartosz Uzarowski  
\_\_\_\_\_

\_\_\_\_\_  
James Nahon, President of Eagle RHGP, Inc.  
\_\_\_\_\_  
\_\_\_\_\_  
Yosef Manela  
\_\_\_\_\_

Filing Fee: \$52.50  
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James Nahon

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**Signature(s) of all new or dissociating general partner(s), if any:**

James Nahon

James Nahon, President of Eagle RHGP, Inc.

Bartosz Uzarowski

*Yosef Maneia*  
Yosef Maneia

Filing Fee: \$52.50  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75