

L07000072723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

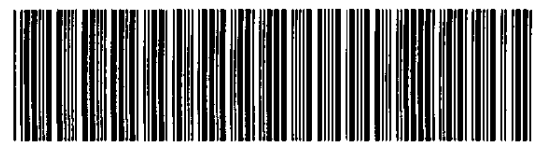
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

W
J. BRYAN
NOV 12 2010
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 2, 2010

ANA FRANK
M2HFIP, LLC
6700 NW 77TH CT, UNIT 100
MIAMI, FL 33166

SUBJECT: M2HFIP, LLC
Ref. Number: L07000072723

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TALLAHASSEE, FLORIDA

We have received your document for M2HFIP, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 010A00025765

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: M2HFIP, 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:

Ana Frank
Name of Person
M2HFIP, LLC
Firm/Company
6700 NW 77th Ct, Unit 100
Address
Miami, FL 33166
City/State and Zip Code
billing@trailpods.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Accounting at (786) 242-6800
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)

*pd # 2074
\$52.50
Dated 10/27/10*

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**

M2HFIP, 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 07/10/2007 and assigned Florida document number L07000072723.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

6700 NW 77th Ct. Unit 100

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33166

Enter new mailing address, if applicable:

6700 NW 77th Ct. Unit 100

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL 33166

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TALLAHASSEE, FLORIDA

B. 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:

N/A

New Registered Office Address:

N/A

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

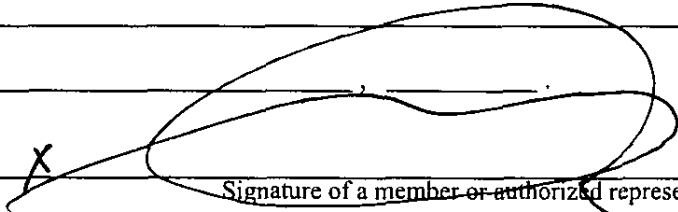
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Principa	ANOY Development II, LLC	6700 NW 77th Ct. Unit 100 Miami, FL 33166	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Mgr	FRANK, MICHAEL S	7248 S.W. 42nd Terrace Miami, FL 33155	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Mgr	HERNANDEZ, MARK	7248 SW 42nd TERRACE Miami, FL 33155	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Please amend general partners as shown above.

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated _____



Signature of a member or authorized representative of a member

MICHAEL S FRANK

Typed or printed name of signee