

L10000023285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

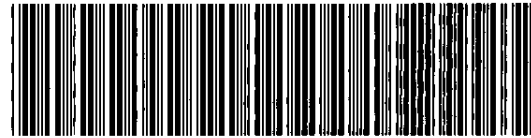
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

MAY 24 2011

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1751 HPB 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:

Dinesh Patel
Name of Person

1751 HPB LLC
Firm/Company

7451 103rd st , Suite # 20
Address

Jacksonville FL 32073
City/State and Zip Code

hiteshpatel@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hitesh Patel at (912) 980-9039
Name of Person Area Code & Daytime Telephone Number

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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**

1751 HPB 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 03/01/2010 and assigned Florida document number L10000023285.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

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Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: Hitesh Patel

New Registered Office Address: 6011 103rd St , Ste 11

Enter Florida street address

Jacksonville, 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

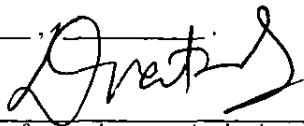
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Brett Engelhard	151 N. Nobhill Rd # 276 Plantation Fl 33324	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Jared Mclachlan	151 N. Nobhill Rd # 276 Plantation Fl 33324	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Ashwin Patel	203 Stevens St Richmond Hill Ga 31324	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Dinesh Patel	203 Stevens St Richmond Hill Ga 31324	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Janak Patel	203 Stevens St Richmond Hill Ga 31324	<input checked="" 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.)*

Dated _____



Signature of a member or authorized representative of a member

Dinesh Patel

Typed or printed name of signee

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 FALLAHASSE, FLORIDA
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