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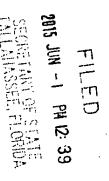
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Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor		•	
	nte Partner Interests, LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jorge Lopez		
		Name of Person	
	Cornerstone Group		
		Firm/Company	
	2100 Hollywood Blvd		
		Address	
	Hollywood, FL 33020		
	·	City/State and Zip Code	
	elaine.santiago@cornerston	egrp.com to be used for future annual report notific	ion)
		-	cation)
For further information c	concerning this matter, please ca	all:	
Jorge Lopez		954 362-5700 Ext	. 5
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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 ARTICLES OF ORGANIZATION 2015 JUN - 1 PM 12: 39 **OF**

FILED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Heron Pointe Partner Interests, 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 Liabi		y were filed on	14	and assigned
nis amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 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				
A. If amending name, enter the new name of th	e limited liab	bility company here:		
The new name must be distinguishable and contain the word	s "Limited Liab	ility Company," the designa	ation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicabl	e:			
(Principal office address MUST BE A STREET A	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>(X)</u>			
			records, enter	the name of the new
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida st	reet address	
-		City	, Florida	Zip Code
		City		ыр Соае

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Stuart I. Meyers Family Partnership	·	□ Add
		2100 Hollywood Blvd., Hollywood , FL 380ZC) ■ Remove
			Change
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			🗆 Remove
			Change
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ffective date	, if other than the is listed, the date m	ne date of filin	ig;	unto dota of filing	or more than 00	(optional)	Dumunant to 605	0207 (3
Note: If the da	te inserted in this ective date on the	block does not i	meet the appli	cable statutory	filing requiren	ents, this date w	ill not be liste	d as th
e record sp	ecifies a delay lay after the re	ed effective	date, but n	ot an effect	ive time, at	12:01 a.m. or	n the earlie	Sef:
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	5/26	1()	, 2015	<u>2</u> .			SSEE WY C	1
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Oated		M	<u>.</u>				FLOOR	州 12: 39

Typed or printed name of signee