

L000000007812

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H00000035495 1)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 922-4003

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

LIMITED LIABILITY AMENDMENT
HFA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

FILED
00 JUL -6 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
00 JUL -6 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L00-7812

Name	7-6
Availability	
Document	
Exhibit	
Portion	
Portion	
Verifier	
Authorized Agent	7/6/00
W.P. Verifier	

H00000035495 1

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is: **HFA, LLC**

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENTS)

- ☐ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

OR

- ☒ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

The typed name of the "member or an authorized representative of a member" is

incorrect. The typed name should read as follows:

CHAIM LAUFER, MANAGER

Dated: 7/3/00

Signature of a member or authorized representative of a member

SAMUEL M. OFSEVIT, AUTHORIZED PERSON

Typed or printed name of signer

H00000035495 1

BlumbergExcelsior Corporate Services, Inc.
62 White Street
New York, NY 10013
(212)431-5000

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 JUL -6 AM 11:26

FILED