

L000000007866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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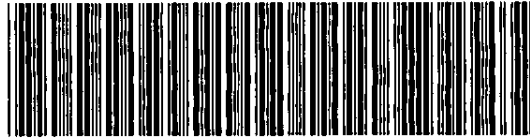
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 19 2016

S MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HICKORY ROAD NORTH HOLDINGS, 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:

JENNIFER CORREA RIERA

Name of Person

FUERST ITTLEMAN DAVID & JOSEPH PL

Firm/Company

1001 BRICKELL BAY DRIVE, SUITE 3200

Address

MIAMI, FL 33131

City/State and Zip Code

JCORREA@FUERSTLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KARLEEN FOSTER

305 321-3749
at ()

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)

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**

HICKORY ROAD NORTH HOLDINGS, L.L.C.

(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 07/05/2000

Florida document number L00000007866

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TALLAHASSEE, FLORIDA

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 contain 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)

2030 S. OCEAN DRIVE

UNIT 1018

HALLANDALE, FLORIDA 33009

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2030 S. OCEAN DRIVE

UNIT 1018

HALLANDALE, FLORIDA 33009

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:

FUERST ITTLEMAN DAVID & JOSEPH PL

New Registered Office Address:

1001 BRICKELL BAY DRIVE # 3200

Enter Florida street address

MIAMI

City

, Florida 33131

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	RICHARD FEDER	14224 SW 103 COURT	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33176	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KENNETH H. KNOPF	12840 HICKORY ROAD	<input checked="" type="checkbox"/> Add
		NORTH MIAMI, FLORIDA 33175	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. At the top center, there are some faint, illegible markings that appear to be remnants of text from the reverse side of the paper. The rest of the page is completely blank except for the lines.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated APRIL 15 2016

Signature of a member

Signature of a member or authorized representative of a member

JENNIFER CORREA RIERA

Typed or printed name of signee

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TALLAHASSEE, FLORIDA