(Re	equestor's Name)	,
(Ac	ldress)	
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(Cit	ty/State/Zip/Phon	ue #)
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OCT 2 4 2014 D. BRUCE

COVER LETTER

TO: Registration Section **Division of Corporations**

Dalia-Mint, 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:

Steve Berman

Name of Person

FIRM Realty

Firm/Company

2001 Hollywood Boulevard, Suite 206

Address

Hollywood, FL 33021

City/State and Zip Code

steve@firmrealty.com

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

For further information concerning this matter, please call:

Steve Berman

at (954) 925-2510 x27

Area Code Daytime Telephone Number

Name of Person

٠.;

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 Free 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

Dalia-Mint, 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 April 24, 2001	and assigned
Florida document number L0100006266	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Harrison Executive Centre, LLC	
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
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:	
्रि केश ी सर्वे	20 1
Name of New Registered Agent:	8
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
New Registered Office Address: Enter Florida street address	ξ ω [
Enter Florida Sireer dadaress	R 3 FM
Florida 57	<u>^</u> <u>\</u>
City Silver Braid April 2015	ID 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
			□ Remove
			□ Add
		******	□ Remove
			
			Remove
		•	□ Remove
			Add Add
			Adou our 23 PM 3:34.
			SEE FLORING
			□ Remove

If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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_			
(The effective date)	tive date, if other than the date of filing:		
Dated (October 7 2014		
Dated _			
	atture of a member or authorized representative of a member		
	Steve Berman, Manager Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00

