

LO2000002029

(Requestor's Name)

(Address)

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06 JUN 22 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 26 2006



Redefining Receivables Management

June 16, 2006

Florida Department of State
Attn: Amendments
Division of Corporations
PO Box 6327
Tallahassee, FL 32314-6327

RE: H Vengroff, LLC
L02000002029
· NAME CHANGE TO Hillview 46 LLC

Dear Sir/Madame:

Please be advised that per our conversation with your office this date we would like to change the name of H Vengroff LLC to Hillview 46 LLC.

Enclosed please find our check in the amount of \$25.00 to cover the costs of the same.

Thank you in advance for your cooperation and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'David L. King', is written over the typed name.

David L. King, J.D.
Compliance Officer

**LLC MEMBERS RESOLUTION
NAME CHANGE AMENDMENT**

H VENGROFF, LLC

During a meeting of the MEMBERS of H VENGROFF, LLC., held on this 16th day, of June, 2006 , at the principal offices of the LLC, whereupon a quorum of the Members was present, the following resolutions were moved, seconded and carried unanimously.

RESOLVED

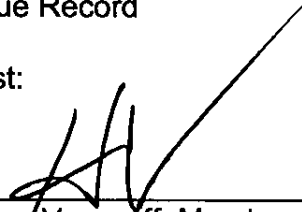
that the name of the LLC should be changed from H Vengroff, LLC to Hillview 46 LLC.

I certify that I am the sole LLC Member of said LLC and that the above is a true and correct copy of a resolution duly adopted at a meeting of the Members thereof, convened and held in accordance with the law and the Operating Agreement of the LLC and that such resolution is now in full force and effect.

IN WITNESS WHEREOF, I have affixed my name as Secretary and have cause the corporate seal of said Corporation to be hereunto affixed this 16th day of June, 2006.

A True Record

Attest:



Harvey Vengroff, Member

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of Florida)
)SS:
County of Sarasota)

Subscribed and sworn to before me this 16th day of June, 2006, a Notary Public in and for the State of Florida.


Notary Public

Resident of _____ County, State of Florida.
My Commission Expires: _____

