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COVER LETTER

TO:	Registration Section Division of Corpo					
SUBJI	ECT:	H & L Florid	la Associates, LLC			
		Name of Limi	ted Liability Company			
The en	closed Articles of Ar	nendment and fee(s) are sub	omitted for filing.			
Please	return all correspond	ence concerning this matter	to the following:			
		Gre	egory S. Oropeza, Esq.			
Name of Person						
			Barton Smith, PL			
Firm/Company						
		6	624 Whitehead Street			
			Address	•		
		Ke	ey West, Florida 33040			
City/State and Zip Code						
		gre	g@bartonsmithpl.com			
		E-mail address: (1	to be used for future annual report notified	ation)		
For fur	ther information con	cerning this matter, please c	all:			
	Gregory S	. Oropeza, Esq.	_ u((96-7227		
	Name of P	erson	Area Code & Daytime	Telephone Number		
Enclos	ed is a check for the	following amount:				
	5.00 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

H 8	L Florida A	ssociates, LL	C	
(Name of the Limited	A Florida Limited I	ny as it now appea Liability Company)	rs on our recorus.)	
The Articles of Organization for this Limited L	iability Company	were filed on	8/16/2002	and assigned
Florida document numberL0200002	1008			
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liab	oility company her	<u>re</u> :	
The new name must be distinguishable and end wi "L.L.C."	ith the words "Lim	ited Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applic	1582 York Avenue, Suite 3C			
(Principal office address MUST BE A STREET ADDRES		New York, N	ew York 10028	
		 		
Enter new mailing address, if applicable:	1582 York Avenue, Suite 3C			
(Mailing address MAY BE A POST OFFICE	New York, N	ew York 10028		
B. If amending the registered agent and registered agent and/or the new registered o			our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:	Gregory S. Oropeza, Esq.			
New Registered Office Address:	624 Whiteh	ead Street		
-		En	ter Florida strect addı	ress
		Key West	, Florida	33040
		City		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 608, 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 Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Jack Hornstein	1402 Laird Street Key West, Florida 33040	Add Remove
<u>MGRM</u>	Matthew Hornstein	1582 York Avenue, Suite 3C New York, New York 10028	_ ✓ Add ☐ Remove
			Add Remove
D. If amend	ding any other information, enter c	change(s) here: (Attach additional sheets, if necessary.)	-
			- SEP F
Dated	/1/11 /		FN 5: 22
	Signature of a m	ember or authorized representative of a member ANSTEIN Typed or printed name of signee	·

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Filing Fee: \$25.00