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(Re	equestor's Name)	
(Ac	idress)	
. (Ad	dress)	
(6)	h/Stata/7in/Oham	o #0
(CII	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SLOKLASSEE, FLORID

B. BOSTICK
SEP 7 2011
EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	HPT-Cyp	ress Grove LLC	
		ted Liability Company	
	Amendment and fee(s) are sub	-	
		Mike Moses	
		Name of Person	
	Michael	son Real Estate Grou	p LLC
		Firm/Company	
	12443 S	an Jose Boulevard Su	rite 604
		Address	
	Ja	acksonville, FL 32223	jeen
	**************************************	City/State and Zip Code	THIS THE SECTION OF T
	E-mail address: (i	S@michaelsongroup!ld to be used for future annual report	C.COM ⊊_≘∷ [T] e=_e_
For further information co	ncerning this matter, please o	all:	O) S CO
Mi	ke Moses	at (904)	880-0000 <u> </u>
Name of		Area Code &	Daytime Telephone Number 3
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILI	NG ADDRESS:	STREET/O	OURIER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City		Zip Cod	de
	Enter Florida street address , Florida			
New Registered Office Address:	D.	ntar Florida street ad	drace	*****
Name of New Registered Agent:				<u> </u>
·				
B. If amending the registered agent and/or registe registered agent and/or the new registered office addresses	ered office address on ess here:	our records, enter	the name	of the nev
			om a	3
			<u> </u>	n Heart i
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	O JU:
Enter new mailing address, if applicable:			HASS	*****
			F 1)
(Principal office address MUST BE A STREET ADDRI	ESS)	,	<u> </u>	
Enter new principal offices address, if applicable:				
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Comp	any," the designation "	LLC" or the	abbreviatio
A. If amending name, enter the new name of the limit	ed liability company he	<u>re</u> :		
This amendment is submitted to amend the following:				
Florida document numberL0300040754	_•			
The Articles of Organization for this Limited Liability Co	ompany were filed on	10/23/2003	and a	ssigned
· ·	•		•	
(Name of the Limited Liability (A Florida L	Company as it now appearmited Liability Company)	ers on our records.)		
HPT-Cy	<u>press Grove LLC</u>		·	

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Evan Darling	4200 NW 19th Street Lauderhill, FL 33313	Add Remove
<u>MGR</u>	Eugene E. Serra	4200 NW 19th Street Lauderhill, FL 33313	☐ Add ✓ Remove
MGR_	Mike Moses	12443 San Jose Boulevard Suite 60- Jacksonville, FL 32223	4
MGR	Jay Massirman	801 Arthur Godfrey Road Suite 201 Miami Beach, FL 33140	Add Remove
MGR_	Rhonda Baker-Stansberry	7220 Parker School Road #2 Jacksonville, FL 32211	✓Add Remove
D. If amen	ding any other information, enter chan		
			SEP -6 PH 5: 00
Dated	E	011 Server	>
		evor authorized representative of a member Eugene E. Serra	
	Турес	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00