

LD3000040754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

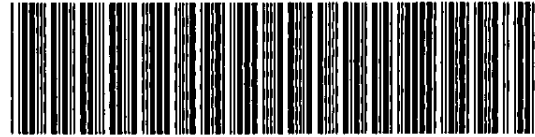
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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08/31/12--01010--028 **52.50

12 OCT - 1 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

D. BRUCE
OCT 2 2012
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 4, 2012

CINDY KOEHLER
941 N. MERIDIAN
INDIANAPOLIS, IN 46204

SUBJECT: HPT-CYPRESS GROVE, LLC
Ref. Number: L03000040754

We have received your document for HPT-CYPRESS GROVE, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

There is a balance due of \$7.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 512A00022343

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 OCT -1 AM 10:09

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AND
FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HPT - Cypress Grove 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:

Cindy Koehler
Name of Person

Buckingham Companies
Firm/Company

941 N. Meridian
Address

Fort Lauderdale FL 33304
City/State and Zip Code

CJ@microsafer.com / cindy.koehler@buckingham.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

C. J. Maier at (954) 733-5574
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee
already paid
- ☐ \$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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

HPT Cypress Grove 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 7/31/12 and assigned
Florida document number AL03000040754

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NA

The new name must be distinguishable and end with 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)

NA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

NA

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:

NA

New Registered Office Address:

Enter Florida street address

Florida

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

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TALLAHASSEE, FLORIDA

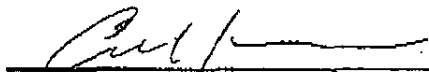
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
mbr	Mike Moxes	12443 San Jose Blvd Suite 604 Jacksonville, FL 32222	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Jay MASSIMAN	601 Arthur Godfrey Rd Suite 701 Miami Beach, FL 33140	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Rhonda Baker Stantbury	7220 Baker School Road # 2 Jacksonville, FL 32211	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
mbr	CINDY KOEHLER	941 N. Meridian Euclid, OH 46704	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Star Storey	4020 Philmont Drive Marietta, GA 30066	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
mbr	Theresa Farrishaw 216066	941 N. Meridian Euclid, OH 46704	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 10/1/12



Signature of a member or authorized representative of a member

C. A. G. M. S. E. R.

Typed or printed name of signee

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