

L0300004 0754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

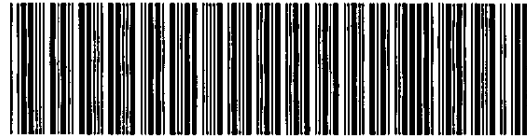
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/18/13--01023--004 **25.00

2013 NOV 18 PM 4:22
PLANNING & DEVELOPMENT

B. BOSTICK
NOV 19 2013
EXAMINER

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:

Regional Property Manager

Name of Person

Rivergate Management

Firm/Company

4200 Northwest 19th Street

Address

Lauderhill, FL 33313

City/State and Zip Code

Carolina@rivergatere.com

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

For further information concerning this matter, please call:

Carolina Battafarano

Name of Person

at **305 416.4949 Ext.2000**

Area Code & Daytime Telephone Number

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 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

2013 NOV 18 PM 4:22
TALLAHASSEE, FL

**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 10/23/2003 and assigned
Florida document number L03000040754.

This amendment is submitted to amend the following:

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

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)

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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

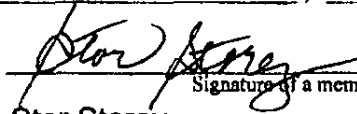
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	KOEHLER, Cindy	941 N. Meridian	<input type="checkbox"/> Add
		Indianapolis, IN 46204	<input checked="" type="checkbox"/> Remove
MGR	FARRISTON RHODES, Theresa	941 N. Meridian	<input type="checkbox"/> Add
		Indianapolis, IN 46204	<input checked="" type="checkbox"/> Remove
MGR	LOMMEL, Rick	2451 Executive Drive, Ste 205	<input checked="" type="checkbox"/> Add
		St. Charles, MO 63303	<input type="checkbox"/> Remove
MGR	HENMI, Jackie	4530 McPherson	<input checked="" type="checkbox"/> Add
		St. Louis, MI 63108	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated November 7th, 2013



Signature of a member or authorized representative of a member

Star Storey

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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RECEIVED
FALL WASSER FLORENCE