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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : GRAY ROBINSON, P.A.
Account Number : 075154001651
Phone : (321) 727-8100
Fax Number : (321) 984-4122

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HYPOLUXO VILLAGE SHOPPES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
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2017 MAR 27 PM 3:34
TALLAHASSEE, FLORIDA

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17 MAR 27 AM 8:51

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OFFICE OF THE CLERK OF THE SUPREME COURT
MAR 8 2017

Mar. 27. 2017, 2:50PM
Division of Corporations

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Mar. 27. 2017 2:50PM

No. 1785 P. 3

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HYPOLUXO VILLAGE SHOPPES, 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:

Philip F. Nohrr, Esquire

Name of Person

GrayRobinson, PA

Firm/Company

1795 West NASA Blvd.

Address

Melbourne, FL 32901

City/State and Zip Code

philip.nohrr@gray-robinson.com

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

For further information concerning this matter, please call:

Philip F. Nohrr, Esquire

at 321 727-8100

Name of Person

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

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

HYPOLUXO VILLAGE SHOPPES, 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 07/15/04 and assigned
Florida document number L04000052722.

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 contain 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

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 605, 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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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ROBERT KODSI	PO Box 320219	<input checked="" type="checkbox"/> Add
		Cocoa Beach, FL 32932	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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No. 1785 P. 6

1

17 MAR 27 AM 8:51



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Dated March 22nd 2017

Signature of a member of _____

Signature of a member or authorized representative of a member

Maurice Kodsi, a Member

Typed or printed name of signee

Filing Fee: \$25.00

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