

LD5000022473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

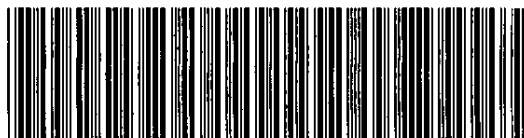
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JUL 29 2008

EXAMINER



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07/28/08--01045--011 **30.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JUL 28 PM 4:02

MEMO:

We would like the address corresponding to HH-430 Hibiscus GP LLC changed in the section of the General Partner Detail for 430 Hibiscus LP. The new address for the partner is the same as the one being filed for HH-430 Hibiscus GP LLC.

1790 Coral Way, Suite 100
Miami, FL
33145

Thank you.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HH-430 Hibiscus GP 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:

Joanna Chau

(Name of Person)

H & H Development

(Firm/Company)

1790 Coral Way Ste. 100

(Address)

Miami, FL 33145

(City/State and Zip Code)

For further information concerning this matter, please call:

Joanna Chau

(Name of Person)

at (305) 740-0819

(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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JUL 28 PM 4:02

HH-430 Hibiscus GP 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 03/07/2005 and assigned
Florida document number L05000022473.

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)

1790 Coral Way, Ste. 100

Miami, FL 33145

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1790 CORAL WAY, Ste. 100

Miami, FL 33145

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:

1790 Coral Way, Ste. 100

(Enter Florida street address)

Miami

(City)

Florida

33145

(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>
		1790 Coral Way, Ste. 101 MIAMI, FL 33145	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
		1790 CORAL Way, Ste. 100 MIAMI, FL 33145	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <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 July 21, 2008



Signature of a member or authorized representative of a member
Joanna Chau

Typed or printed name of signee