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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

Hallandale First 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:

Leonard Katz

Name of Person

EPMS-

Firm/Company

100 S Biscayne Blvd Ste 900

Address

Miami, Fl 33131

City/State and Zip Code

fecr@fecr.com

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

For further information concerning this matter, please call:

Leonard Katz

786₄₀₅₋₁₈₄₂

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hallandale First LLC		
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records mited Liability Company)	
The Articles of Organization for this Limited Liability Co	mpany were filed on May 3, 2005	and assigned
Florida document number L05000043800	-	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and end with the word	s "Limited Liability Company," the designati	on "LLC" or the abbreviation
"L.L.C."		
Enter new principal offices address, if applicable:		28 28 28 28 28 28 28 28 28 28 28 28 28 2
(Principal office address MUST BE A STREET ADDRE	ESS)	全部 覆 可
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		ter the name of the new
registered agent und/of the new registered office address		
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida stree	t address
	, Florid	a
	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

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>Name</u>	Address	Type of Action
FI East Coast Realty LLC	100 S Biscayne Blvd	Add
	Miami, FI 33131	Remove
Tibor Hollo	100 S Biscayne Blvd	Add
	Miami, Fl 33131	Remove
Jerome Hollo	100 S Biscayne Blvd	— Add
	Miami, FI 33131	Remove
Wayne Hollo	100 S Biscayne Blvd	Add
	Miami, FI 33131	Remove
Philip Dahan	100 S Biscayne Blvd	
	Miami, Fl 33131	Remove
Leonard Katz	100 S Biscayne Blvd	 Add
	Miami, Fl 33131	Remove
	Tibor Hollo Jerome Hollo Wayne Hollo Philip Dahan	Tibor Hollo Tibor

		n, enter change(s) here: (Attach additional sheets, if necessary
1		
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	\$ 13/17.	
		John Soft
	Signatu	ure of a member or authorized representative of a member
	Leonard Katz	X

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Filing Fee: \$25.00

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