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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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(Document Number)				
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SECRETARY OF STATE
SECRETARY OF STATE

D. BRUCE

DEC - 2 2008

EXAMINER

COVER LETTER

TO: Registration So Division of Co	ection rporations				
SUBJECT: HLJ De	evelopment LLC				
		ited Liability Company)	-		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
•	HASSA JAIA	(Name of Person)			
		(Firm/Company)			
	1913NM 18	(Address)			
	Miami F1 3	(City/State and Zip Code)		SECRETA	卫
For further information of	concerning this matter, please c	all:		SEF PI SEF PI SEF PI SEF PI	FILED
HASSAD JA (Name	l sa l'. of Person)	at (<u>305) 592688</u> (Area Code & Daytime T	Selephone Number)	三三 12	
Enclosed is a check for the	he following amount:				
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	osed)

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

HLJ Developmen	hility Company as it now app	and a second a	
(Name of the Limited Lia (A Flo	rida Limited Liability Compan	y)	
The Articles of Organization for this Limited Liabil	ity Company were filed on _	৪-2-05	and assigned
Florida document number <u>L050000755</u>	<u>70</u> .		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company	nere:	·
The new name must be distinguishable and end with the	e words "Limited Liability Cor	npany," the designation	n "LLC" or the abbreviation
"L.L.C."	• · · • · • • • • · · · · · · · · · · ·	,,	SE SE
Enter new principal offices address, if applicable	:		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			FST D
(Mailing address MAY BE A POST OFFICE BO)			<u> </u>
100 mm - 55 mm	<u></u>		N
B. If amending the registered agent and/or r registered agent and/or the new registered office		n our records, <u>ent</u>	er the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida street address)		
_	(0)	, 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 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>	Address	Type of Action
wgr	LASZIO FAZEKAS	7215 NW124651 MIAM: F1 33126	Add Remove
wdr	Jose F Cancio	7213 NW 12464 MIAMI FI 33126	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessal	ry.)
			OB D SECRE
 Dated	24-08		FILED DEC -1 AN II: I
	Signature of a member HASSAN JALAI Typed	r or authorized representative of a member To de la	~~~~

Page 2 of 2

Filing Fee: \$25.00