

FROM : LAZARUS

FAX NO. (305) 220-1440

SEP. 03 2009 02:00PM

https://www.sunbiz.org/serpms/filcovr.exe

**LD6000086538**

Florida Department of State

Division of Corporations

Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H09000195086 3)))



H090001950863ABC5

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305) 552-5973  
Fax Number : (305) 220-1440

**FILED**  
09 SEP -3 AM 8:34  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**H 4 DEVELOPMENT LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

**RECEIVED**  
09 SEP -3 PM 2:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

FROM : LAZARUS

FAX NO. : 3052201440

SEP 21 2009 03:00PM P2

**H09000195086**  
**ARTICLES OF AMENDMENT**  
**TO**  
**ARTICLES OF ORGANIZATION**  
**OF**

**FILED**

**09 SEP -3 AM 8:34**

**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

**H4 DEVELOPMENT 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 9-1-2006 and assigned  
Florida document number L08000086538

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:

6073 NW 167 STREET #C27

(Principal office address MUST BE A STREET ADDRESS)

MIAMI LAKES 33015

Enter new mailing address, if applicable:

6073 NW167 STREET #C72

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI LAKES 33015

**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 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

**H09000195086**

**H09000195086**

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	ERIC PITTS	3110 NW 87 TERR MIAMI FL 33147	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	EUNICE F CRAWFORD	45 NW 70 STREET MIAMI FL 33150	<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.)

**FILED**  
09 SEP -3 AM 8:34  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Dated 8-27-09


Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

**H09000195086**