## LULY 0000 84538

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special instructions to Filling Officer.				





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SEP 2 1 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Division of C			
SUBJECT:	H4 Deve	lopment "L.L.C"	
	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
		Henry Miles	
		Name of Person	
		H4 Development	
	<del> </del>	Firm/Company	
		12555 Biscayne blvd	
		Address	
	no	rth miami florida 33181	
	***************************************	City/State and Zip Code	
		nia@H4-DEVE.COM	TALL YES
	E-mail address: (	to be used for future annual report notification)	SEP SEP
For further information	n concerning this matter, please of	call:	07 - T
	Henry MILES	at ( 305 ) 893-6136	
	e of Person	Area Code & Daytime Telephone Number	AM IO: 56
Enclosed is a check fo	r the following amount:		Bu Q
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing F Certified Copy Certificate of (additional copy is enclosed) Certified Cop (additional co	Status &

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**

(Name of the Limited (A	4 Developm	ent "L.L.C."	s on our records.)			
(A	Florida Limited L	iability Company)				
The Articles of Organization for this Limited Liability Company were filed on09/01/2006			09/01/2006	and assigned		
Florida document numberL00600008	6538					
This amendment is submitted to amend the follow	owing:					
A. If amending name, enter the new name of	the limited liabi	ility company her	<b>e:</b>			
ı	H4 Developme	ent "L.L.C."				
The new name must be distinguishable and end wit "L.L.C."	h the words "Limit	ted Liability Compa	ny," the designation "L	LC" or the	abbrev	iation
Enter new principal offices address, if applica	able:	Henry Miles				
(Principal office address MUST BE A STREE	T ADDRESS)	12555 Biscay	ne blvd ste 732			
		North Miami I	oeach FL.33181	⊅ Frin		
				TE - TE   TE - TE   TE - TE	SEP	·~Pr
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		12555 Biscay	ne blvd ste 732	22		Appendix Appendix H
		North MIAMI	FL.33181	湖土	-	1-3
				77	孟	gree Vice
		**************************************		82	വ <del>ന</del>	
B. If amending the registered agent and/or the new registered of			our records, <u>enter t</u>	ne name		new
Name of New Registered Agent:	Henry miles			-		
New Registered Office Address:	12555 Bisca	yne Blvd ste 7	32			
	Enter Florida street address					
	north Miami beach		, Florida	33181		
		City		Zip Code		_
New Registered Agent's Signature, if changing I	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

Page 1 of 2

. 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>	Name	<u>Address</u>	Type of Action
MGR	henry miles	12555 Biscayne blvd north miami beach fl 33181	✓ Add ☐ Remove
<u>MGR</u>	eunice f crawford	45nw70 street miami fl.33150	Add  Remove
	<del>,</del>		Add Remove
			Add Remove
			Remove
			Add Remove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necess	ary.)
Dated	9/16/		
	Signature of a r	nember or authorized representative of a member henry miles	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00