# L07000012370

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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SECRETARY OF STATE
FALL AHASSEF, FLORID

J. BRYAN \* BRYAN

DEC \_ 1 2009

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EXAMINER

# **COVER LETTER**

TO: Registrat Division of	on Section Corporations						
SUBJECT:	HI5 APPLICATION	HI5 APPLICATIONS TECHNOLOGY LLC					
Sobsect.		ited Liability Company					
The enclosed Artic	les of Amendment and fee(s) are su	bmitted for filing.					
Please return all co	rrespondence concerning this matte	er to the following:					
		EDWARD MONAHAN		_			
-		Name of Person		- 55 <b>93</b>			
MON		IAHAN MIJARES CPA PA		ESS B TI			
		Firm/Company		9 DEC -8 SECRETARY			
2519 G		SALIANO STREET, STE 703		He 7 M			
•		Address		FLOO			
		CORAL GABLES, FL 33134		D 1:03 FLORIDA			
		City/State and Zip Code					
	EDWARI E-mail address:	O.MONAHAN@MMA.C (to be used for future annual repo	OM.VE				
For further informs	ation concerning this matter, please	call:					
El	DWARD MONAHAN	at (_305 )	407-1438				
Name of Person		Area Code &	Daytime Telephone Number	er			
Enclosed is a check	c for the following amount:						
<b>▼ \$25.00</b> Filing F	ee \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is er	nclosed) Certifie	ate of Status &			
MAILING ADDRESS: Registration Section Division of Corporations		Registration	COURIER ADDRESS: a Section Corporations				
P.O. Box 6327		Clifton Building					

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301



### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 1, 2009

EDWARD MONAHAN MONAHAN MIJARES CPA PA 2519 GALIANO STREET, STE 703 CORAL GABLES, FL 33134

SUBJECT: HI5 APPLICATIONS TECHNOLOGY LLC

Ref. Number: L07000012370



We have received your document for HI5 APPLICATIONS TECHNOLOGY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

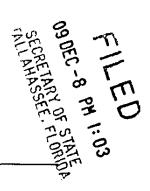
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 209A00036761

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



# HIS APPLICATIONS TECHNOLOGY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization f	or this Limited Liability Comp	pany were filed on	02/01/07	and assigned	
Florida document number	L07000012370				
This amendment is submitted	to amend the following:				
A. If amending name, enter	the new name of the limited	liability company her	<u>e</u> :		
		N/A			
The new name must be distingui "L.L.C."	shable and end with the words "	Limited Liability Compa	ny," the designation "l	LC" or the abbreviation	
Enter new principal offices a	<b>2529 MONTE</b>	2529 MONTEREY CT			
(Principal office address MUS	WESTON HIL	WESTON HILLS, FL 33327			
Enter new mailing address, i	<b>2529 MONTE</b>	2529 MONTEREY CT			
(Mailing address MAY BE A POST OFFICE BOX)		WESTON HIL	WESTON HILLS, FL 33327		
B. If amending the registe registered agent and/or the n			ur records, <u>enter (</u>	he name of the new	
Name of New Registe	ered Agent: ROARK	ROARK R. MONAHAN CPA			
New Registered Office	e Address: 2519 GA	2519 GALIANO STREET, STE. 703			
•		Enter Florida street address			
	0	ORAL GABLES	, Florida	33134	
	<del></del>	City		Zip Code	
New Degistered Agent's Signat	us if shanning Desistant Ass				

### 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

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

**Title** <u>Name</u> **Address** Type of Action MGR HERNANDEZ, ANGEL 12905 SW 133 TR (TUSCANY VILLAS) MIAMI ✓ Remove FL 33186 US ☐ Add Remove ☐ Add Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A Dated\_ Signature of a member or authorized representative of a member MARIO GAMEZ Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00