L070000 62218

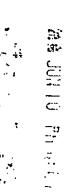
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
61019





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May 29, 2019

Registration Section
Department of the State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Healthcare Real Estate Capital, LLC Document # P07000062218

Dear Sir or Madam:

This letter is to request that the entity name HRE Capital, LLC be released for the above-mentioned entity name change. Please find attached the Articles of Dissolution for HRE Capital, LLC document # L18000147254 and the Healthcare Real Estate Capital, LLC document # P07000062218 Articles of Amendment to Articles of Organization in order to amend name to HRE Capital, LLC.

I am the owner of Healthcare Real Estate Capital, LLC and HRE Capital, LLC.

Please contact me if further information is needed.

(

Respectfully yours,

Edmund H. Beebe

917-568-8556

Enclosures

COVER LETTER

Div	ision of Cor	porations	•	ب طوًّ) ک			
SUBJECT:	Healthcare	Healthcare Real Estate Capital, LLC					
SUBJECT		Name of Lim	ited Liability Company				
				<u>.</u>			
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	. •			
Please returi	i all correspo	indence concerning this matter	to the following:				
		Hunter Beebe					
			Name of Person				
		HRE Capital, LLC					
			Firm/Company				
		501 Palm Street, Suite C-5					
		West Palm Beach, Florida	Address 33401				
		jwllc@bellsouth.net	City/State and Zip Code				
		E-mail address: (to be used for future annual report notifi	ication)			
For further i	nformation c	oncerning this matter, please co	all:				
Hunter Beel	oe -		917 568-8556 at ()				
	Name o	f Person	Area Code Daytime	Telephone Number			
Enclosed is	a check for th	he following amount:					
S25.00 I	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

TO:

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 ARTICLES OF ORGANIZATION

Healthcare Real Estate Capital, LLC

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

		۲۰ <u>تا</u>					
The Articles of Organization for this Limited Liability Company	were filed on 06/13/2007	and assigned					
Florida document number L07000062218		* -					
This amendment is submitted to amend the following:							
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:						
HRE Capital, LLC							
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	e abbreviation "L.L.C."					
Enter new principal offices address, if applicable:	oamend the following: the new name of the limited liability company here: e and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Idress, if applicable: TBE A STREET ADDRESS) Sol Palm Street, Suite C-5 West Palm Beach, Florida 33401 Sol Palm Street, Suite C-5 West Palm Beach, Florida 33401 red agent and/or registered office address on our records, enter the name of the 1 two registered office address here: red Agent:		501 Palm Street, Suite C-5				
(Principal office address MUST BE A STREET ADDRESS)	sof Organization for this Limited Liability Company were filed on 107000062218						
Enter new mailing address, if applicable:	501 Palm Street, Suite C-5						
(Mailing address MAY BE A POST OFFICE BOX)	West Palm Beach, Florida 33401						
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		ter the name of the					
Name of New Registered Agent:							
New Registered Office Address:	Fator Florida etrort address						
	Enter Pioriai Sirea dairess						
	· · · · · · · · · · · · · · · · · · ·	Zin C . I .					
	City	Zip Coae					

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with t 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
			□ Remove
			☐ Change
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Effective	date, if othe	r than the date the date in the date in the date in the s	of filing:				(opti	onal)	40540
(If an effectiv Note: If the	e date is fisted, he date inserte	, the date must be s ed in this block d	pecific and ca loes not mee	nnot be prior to t the applica	o date of filin ble statutor	ig or more tha v filing reau	n 90 days after irements, thi	itiling.) Pursua s date will no	nt to 605.02 t be listed :
		ite on the Depart				, , ,			
		a delayed eff		e, but not	an effect	ive time,	at 12:01	a.m. on the	earlier
The 90	th day afte	er the record	is filed.						
				2610					
Dated Apr	11 23		· ·	2019					
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		Sign	nture of a mer	nber or autho	rized represe	ntative of a m	ember		

Page 3 of 3

Filing Fee: \$25.00