## L07000111121

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City)	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Na	me)
(Doc	ument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer:	
<b></b> ⁺		

Office Use Only



000211275190

08/31/11--01004--022 \*\*25.00

J. BRYAN

SEP - 1 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	HEMITAGE 1272 Name of Lim	LE & ESCROW, LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspondent	ondence concerning this matter	r to the following:	
	HER11A 2029	Name of Person  OF TITLE SCRUW, Confirm/Company  TYLER ST.  Address  WWW, Pl 33070  City/State and Zip Code  OF ANNEW SLEEPA. COM  to be used for future annual report notifica	
			tion)
For further information c	oncerning this matter, please of	call:	dus
AMMU Name o	f Person	at (754) 263-296  Area Code & Daytime T	Gelephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 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 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**

ARTI	CLES OF AM	1ENDMENT				
e e	TO					
ARTICLES OF ORGANIZATION						
	OF			The second		
	TITLE & E			MISO MILES		
( <u>Name of the Limited L</u> (A F	iability Company a	s it now appears or	our records.)	20, 0		
				Carry Control		
The Articles of Organization for this Limited Liab	oility Company we	re filed on//	(02/200)	and assigned		
Florida document number <u>LO7000 11116</u>	1) .					
	<del></del>					
This amendment is submitted to amend the follow	vina:					
This amendment is submitted to amend the follow	ilig.					
A. If amending name, enter the new name of t	<u>he limited liability</u>	company here:				
The new name must be distinguishable and end with "L.L.C."	the words "Limited I	Liability Company,	the designation	"LLC" or the abbreviation		
L.L.C.		4 20		1 - AT		
Enter new principal offices address, if applicat	ole:	2029 1	YLER STR	EE1		
(Principal office address MUST BE A STREET	ADDRESS)	2029 1 HOLLY (	vood Fl	33020		
	_					
Enter new mailing address, if applicable:		2029 T	YLEL STRE	67		
(Mailing address MAY BE A POST OFFICE BOX)		HOLLYWOOD, FL 33020				
muning unuress MIT DE TITOST OF TREE DE		7,000,0	, , , , , , , , , , , , , , , , , , ,	,,,,,		
	_		<del> </del>			
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 offic			, <del></del>			
	4.	4.				
Name of New Registered Agent:	HNU	MEW S. LEE	, k5Q,			
Nam Basistand Office Address	2029	TYLER ST	ALIT			
New Registered Office Address:    Cold   Inter Florida street address						
	Holiyu			33020		
		ity	, Florida	Zip Code		
	C,	· · · y		Lip Coue		

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 bereby 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SUSANA PLDMILA	2853 EXECUTIVE PARA DA.	Add
		wester, 12 3333)	Remove
			☐ Add
			Remove
			□ Add
			Remove
	<del> </del>		Add Remove
			Add Remove
			Add Remove
D. Ifaman			
D. II amen	ding any other information, enter ci	hange(s) here: (Attach additional sheets, if necessa	
			FILED MIN:
			SSS T
			THE ST
			ORIGINAL SE
Dated	AUGUST 26	2011	****
	1/252		
	Signature of a me	mber or authorized representative of a member	
		Yped or printed name of signee	
	1	y pro-or printed tidine or orginee	

Page 2 of 2

Filing Fee: \$25.00