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SECRETARY OF STATE
ALLAHASSEF FINATE

D. BRUCE

FEB 9 2009

**EXAMINER** 

## **COVER LETTER**

SUBJECT: HBA South Florida, LLC	0
(Name of Limited Liability Company)	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
James A. Forsythe, Registered Agent	
(Name of Person)	
HBA South Florida, LLC	
(Firm/Company)	
1164 E. Oakland Park Blvd #306	A <sub>v</sub> ,
(Address)	<b>09 F</b>
Oakland Park, FL 33334	EB -
(City/State and Zip Code)	EES OF L
For further information concerning this matter, please call:	EB-6 AM 10: 37 ETARY OF STATE HASSEE, FLORID
James A. Forsythe, Registered Agent at ( 954 ) 903-4780	DA DA
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified C	of Status &

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

## ARTICLE'S OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HBA South Florida, LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our recorded Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Compa	any were filed on 1/14/2008	and assigned
Florida document number L08000004087		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
HBA Homes, LLC		
The new name must be distinguishable and end with the words "L "L.L.C."	imited Liability Company," the designat	ion "LLC" or the abbreviation
Enter new principal offices address, if applicable:		09 F
(Principal office address MUST BE A STREET ADDRESS)		HASS B
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ILED -6 AM 10:37 ARY OF STATE SSEE, FLORIDA
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, <u>er</u> nere:	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida stre	not adduses)
	(Enter Fioriaa stre	ei aaaress)
	, Florid	la(Zip Code)
	(Cuy)	(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 hereby confirm that the limited liability company has been notified in writing of this change.

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 \_ Add Remove ∫ Add Remove Add Remove Remove Add Remove ┌ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Fast usey Signature of a member of authorized representative of a member

Page 2 of 2

James A. Forsythe, Registered Agent

Filing Fee: \$25.00

Typed or printed name of signee