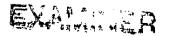
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## **Attn: Florida Department of State Division of Corporations**

Please send the acknowledgement to the following address:

2890 NE 187<sup>th</sup> Street

Aventura, FL 33180

Attn: Maria Fundora-Macias

Daytime Phone #: 305-374-2782 x205

Fax: 305-374-5438

## **COVER LETTER**

TO: Registration of Division o	
SUBJECT:	AMP -HSRE 1A,LLC
	Name of Limited Liability Company
The enclosed Articl	AMP -HSRE 1A,LLC  Name of Limited Liability Company  es of Amendment and fee(s) are submitted for filing.  respondence concerning this matter to the following:
Please return all cor	respondence concerning this matter to the following:
	Name of Person
	Firm/Company
	Address
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further informat	tion concerning this matter, please call:
N:	art () are of Person Area Code & Daytime Telephone Number
Enclosed is a check	for the following amount:
\$25.00 Filing Fe	Solution Filing Fee & Solution Status Solution

MAILING ADDRESS: Registration Section Division of Corporations STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMP-HSRE IA, LLC			
(Name of the Limited Liabili (A Florida	ity Company as it now appea a Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	1/24/2008	and assigned
Florida document numberL08000008860	·		\$ 'S
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	ORESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regi		our records, enter t	he name of the new
Name of New Registered Agent:			
New Registered Office Address:	Fo	nter Florida street addı	
	131		
	City	, Florida	Zip Code

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

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 **Type of Action** Title <u>Address</u> Name 1 MGR Sturner, Andrew ☐ Add 📝 Remove AMP Marina AcquisitionsII MGR **✓** Add Remove 2890 NE 187th ST LLC Aventura, FL 33180 ☐ Add ☐ Remove ☐ Add Remove \_\_\_Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated\_ Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee