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## **COVER LETTER**

TO: Registration Sec Division of Corp			
H & A PR	OPERTY HOLDINGS	OF MIAMI, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
. The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Alfredo G. Duran, Es	sq.	
		Name of Person	<del></del>
	Alfredo G. Duran Ati	orney at Law	
		Firm/Company	
	2340 So. Dixie High	way	
		Address	<del></del>
	Miami, Florida 3313	3	
		City/State and Zip Code	1. (m)
	agdur@aol.com		
	E-mail address: (	to be used for future annual report notification	m)
For further information co	oncerning this matter, please ca	all:	rin's part
Alfredo G. Duran, E	Esq.	305 859-2696	20 PH
Name of	Person	Area Code Daytime Tele	phone Number
Enclosed is a check for th	e 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

## H & A PROPERTY HOLDINGS OF MIAMI, LLC

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

8, 2014 and assigned
gnation "LLC" or the abbreviation "L.L.C."
22
ur records, <u>enter the name of the n</u>
street address
, FloridaZip Code
Zip Code
pacity. I further agree to comply with to duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	HECTOR CATALAN	1500 Weston Rd., Suite 200-11	■ Add
-		Weston, Florida 33326	Remove
MGRM	Maria Alejandra Ponte Obregon	1500 Weston Rd., Suite 200-11	Add
		Weston, Florida 33326	□ Remove
			Add
			□ Remove
			Add Add
			7 Periove Remove 2: 18
	<del></del>		Add
			☐ Remove
			□ Add
			□ Remove

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
E.	Effective date, if other than the date of filing:  [In effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)
	Dated November 6, 2014.
	Signature of a member or authorized representative of a member
	ALFREDO CATALAN
	Typed or printed name of signee

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Filing Fee: \$25.00

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