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D. BRUCE

DEC 9 2009

EXAMINER

COVER LETTER

TO:

		•	COVER LETTER			
	Registration S Division of Co					
SUBJEC	CT:		H.C., LLC			
		Name of Limi	ited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub	bmitted for filing.			
Please re	turn all corresp	ondence concerning this matter	r to the following:			
			David Murray, Esq.			
			Name of Person			
		М	urray & Simmons, LLP			
			Firm/Company			
	1401 East Broward Blvd., Suite 200					
•			Address		09 FALL	
		Fort L	_auderdale, Florida 33301		<u> </u>	•
			City/State and Zip Code		EC-8	
		E-mail address: (to be used for future annual report notificat	ion)	The De	
For furth	er information	concerning this matter, please c	call:		2: 44 STATE LORID	Ţ
		d Murray, Esq.	at (_954)46	37-2000	A	
	Name	of Person	Area Code & Daytime T	elephone Number		
Enclosed	is a check for t	he following amount:				
\$25.0	0 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
MAILING ADDRESS: Registration Section Division of Corporations		ration Section	STREET/COURIER Registration Section Division of Corporation			

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

III T	H.C., LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appeanited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Con Florida document number L08000088481	npany were filed on	09/17/2008	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company he	<u>re</u> :	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			O9 SE
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>		
Enter new mailing address, if applicable:			-8 PH 2
(Mailing address MAY BE A POST OFFICE BOX)			RIDA
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office address on es here:	our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street addi	cess
		, Florida	
	City		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 <u>Name</u> **Address** Title Title MGRM III T, LTD. c/o DBR & Associations, LLC ✓ Remove 1 Financial Plaza, Suite 2001 Fort Lauderdale, Florida 33394 Todd Turchin MGRM c/o DBR & Associations, LLC ✓ Add 1 Financial Plaza, Suite 2001 Fort Lauderdale, Florida 33394 Remove _ Add Remove Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) The sole and Managing Member shall be Todd Turchin. December 1 2009 Dated Signature of a member or authorized representative of a member Todd Turchin Typed or printed name of signee

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Filing Fee: \$25.00