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D. BRUCE NOV 2 3 2010 EXAMINER

COVER LETTER

TO: Registration :			
SUBJECT:	420	05 HL, LLC	
		nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	pondence concerning this matte	er to the following:	
		ANNETTE MARTINEZ Name of Person	
		4205 HL, LLC	
	7245 SV	Firm/Company V 87TH AVENUE, SUITE 400	
	- 100	Address	
		MIAMI, FL 33173	. <u></u>
		City/State and Zip Code	doments'
	E-mail address: (By US Post Mail (to be used for future annual report notification)	— <u>A</u>
For further information	concerning this matter, please	call:	10 NOV 22 SECKETARY ALLAHASSE
Name	of Person	at (
			TORRES 2
Enclosed is a check for	ine following amount: \$\int_\$30.00 \text{ Filing Fee & Certificate of Status}	Certified Copy Ce (additional copy is enclosed) Ce	.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	ESS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4205 H					
(Name of the Limited Liability Compa (A Florida Limited)	nny as it now appea Liability Company)	rs on our records.)		•	
The Articles of Organization for this Limited Liability Company	were filed on	12/09/2008	and a	assigr	ned
Florida document number L08000114751					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company her	<u>re</u> :			
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Compa	any," the designation "	LLC" or th	e abb	reviation
Enter new principal offices address, if applicable:	7245 SW 87	TH AVENUE	23 5		
(Principal office address MUST BE A STREET ADDRESS)	SUITE 400		200	10	
	MIAMI, FL 33	3173			
			TAR ASS	122	-
Enter new mailing address, if applicable:	7245 SW 877	TH AVENUE	m me	777	1
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 400		S		
	MIAMI, FL 33	3173	274	2	- CO-
			E DA	DESCRIPTION OF THE PERSON OF T	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter</u>	the name	of t	<u>he new</u>
Name of New Registered Agent:	<u>.</u>				
New Registered Office Address:					
	Enter Florida street address				
#**		, Florida			
	City		Zip Co	ode	

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		
<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
**			Add Remove
			Add Remove
			Add Remove
	nding any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	10 .
_	lew Address: 7245 SW 87TH AVEN		TO MOV 22
	SUITE 400		1 / (
_	MIAMI, FL 33173		F 05
			1: 21 PRIDA
Dated	November 12 , 201	<u>0</u> .	
	an	Porting	
	1)	or authorized representative of a member	***
		nette Martinez r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00