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SCORETARY OF STATE FALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Division of C	n Section Corporations			
SUBJECT:	HJR L	EASING, LLC		
		ited Liability Company		
	of Amendment and fee(s) are su	-	·	
		H. JOEL RAHN Name of Person		
		Firm/Company		
	390	0 Island Blvd., Apt. 406B	ZONO MAY 24 SECRETARY SECR	
		Address	AY 24 ETARY HASSE	
		Aventura, FL 33160 City/State and Zip Code		
	jo E-mail address: (joelrahn@atlanticbb.net E-mail address: (to be used for future annual report notification)		
For further information	on concerning this matter, please		> (a)	
Nam	H. Joel Rahn ne of Person	at (305) 491-688 Area Code & Daytime Telephone		
Enclosed is a check for	or the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	0.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)	
	ILING ADDRESS: istration Section	STREET/COURIER ADDR Registration Section	ESS:	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HJR LE	ASING, LLC				
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appe ited Liability Company	ars on our records.))			
The Articles of Organization for this Limited Liability Com	pany were filed on	January 7, 200	09 and assi	gned	
Florida document numberL0900001945					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	l liability company h	ere:			
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Com	pany," the designation	n "LLC" or the al	bbreviation	
			2010 SEG		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRES	33)			<u> </u>	
			ARY OF		
			<u> </u>	m	
Enter new mailing address, if applicable:			PH 12: 53		
(Mailing address MAY BE A POST OFFICE BOX)			RES		
	1000 1111 1111111111111111111111111111		25 Ca)		
					
B. If amending the registered agent and/or registere	ed office address on	our records, ente	r the name of	the new	
registered agent and/or the new registered office address	s here:	·		•	
Name of New Registered Agent:					
New Registered Office Address:					
New Registered Office Address.	E	Enter Florida street address			
		, 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 <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** MGR Edward G. Cellini 2851 N.E. 183rd Street Aventura, FL 33160 ✓ Add Remove Robert Cellini MGR 3085 N.E. 183rd Lane ✓ Add Remove Unit #85 Aventura, FL 33160 ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) May 21 2010 Dated _ Signature of a member or authorized representative of a member H. Joel Rahn Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00