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(Req	uestor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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Office Use Only



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SECRETARY OF STATE ALLAHASSEE, FI OBIL.

M. THOMAS

APR 1 0 2009

EXAMINER

## **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT: HCS Fi		•		
	(Name or Lim	ited Liability Company)		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Ellen Benitane			
	Ellen Pepitone	(Name of Person)		
		,		
	HCS Financial, LLC	· · · · · · · · · · · · · · · · · · ·		
		(Firm/Company)		
	419 SE 2nd Court		···	
		(Address)		
	· · · · · · · · · · · · · · · · · · ·	(City/State and Zip Code)		
For further information c	oncerning this matter, please c	all:		
Ellen Pepitone		at (_954_) 657-1800	7	
(Name o	of Person)	(Area Code & Daytime T	elephone Number)	F J. 2009 APR -
Enclosed is a check for the	ne following amount:		SS	
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Stat Certified Copy (additional copy)	us 🚝 🔲

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

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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 = M	anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ellen Pepitone	419 SE 2nd Ct. Deerfield Beach, FI 33441	Add Remove
MGRM_	Ellen Pepitone	419 SE 2nd Ct, Deerfield Beach, Fl 33441	_ <b>□</b> Add <b>I</b> Remove
<del></del>			Add Remove
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			Add Remove
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D. If amend	ling any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	APR - C
			9 AHII: 37 PEE, FLORID,
Dated April	1009 1100 Port	 Dl. Man.	
	and the second s	or authorized representative of a member	
	Ellen Pepitone	or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00