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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 STP 18 AN III & A

T. HAMPTON

SEP 2 1 2009

EXAMINER

COVER LETTER

TO:

TO:	Registration Se Division of Cor				
SUBJE	гст.	Di	ntor, LLC		
SOBIL			ted Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
			Kathy R. Davis Name of Person		
		Saavedra	, Pelosi, Goodwin & Firm/Company	Hermann	
31			E. 17th Street, Second	d Floor	
·			Address		
		Fort L	_auderdale, Florida 33 City/State and Zip Code	3316	
		E-mail address: (davis@lawspgh.com to be used for future annual rep	ort notification)	
For fur	ther information o	concerning this matter, please of	eall:		
		thy R. Davis	at (954_) Area Code &	767-6	
Enclos	ed is a check for t	he following amount:		·	
	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	enclosed)]\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Registratio Division of Clifton Bui 2661 Exect	f Corporations	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	or, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now apped Liability Compan	ears on our records.) y)	
The Articles of Organization for this Limited Liability Compa Florida document numberL0900087081	any were filed on _	September 9, 2009	_ and assigned
This amendment is submitted to amend the following:		•	
A. If amending name, enter the new name of the limited l	iability company	<u>here</u> :	
·			
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Cor	npany," the designation "LLG	C" or the abbreviation
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRESS	2		80 35 00 00 00 00 00 00 00 00 00 00 00 00 00
	•		8 6
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			60 5 7 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8
B. If amending the registered agent and/or registered		n our records, enter the	name of the new
registered agent and/or the new registered office address	<u>here</u> :		
Name of New Registered Agent:			
•			
New Registered Office Address:	<u>.</u>	Enter Florida street addre	SS
		, 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 of Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	The Hyatt Family Limited	300 S.E. 9th Court Pompano Beach, Florida 33060	☐ Add ☑ Remove
<u>M</u>	The Hyatt Family Limited	200 S.E. 9th Court Pompano Beach, Florida 33060	☑ Add ☐ Remove
MGRM	Jaime Velasquez	4990 S.W. 148th Avenue Fort Lauderdale, Florida 33330	☐ Add ☑ Remove
MGRM	Sandra Velasquez	4990 S.W. 148th Avenue Fort Lauderdale, Florida 33330	☐ Add ☑ Remove
<u>M</u>	Jaime and Sandra Velas	9490 S.W. 148th Avenue Fort Lauderdale, Florida 33330	☑Add □Remove
D. If amend	ling any other information, enter	r change(s) here: (Attach additional sheets, if necessary.)	∏Add Remove
- - -			SECRETARY OF STATE
Dated	September 15	2009 Autor Member or authorized representative of a member	
	Gilbert Hyatt, III, Gene	ral Partner, The Hyatt Family Limited Partnership Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00