#109000105697

	(Requestor's Name)	
	(Address)	<u> </u>
	(Address)	<u> </u>
	(City/State/Zip/Phone #)	
PICK-UI	P WAIT	MAIL
	(Business Entity Name)	- H- W
_	(Document Number)	
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LUBSTARY OF STATE

K. SALY EXAMINER MAR 9 2011

COVER LETTER

	tion Section of Corporations					
Y SUBJECT:	Haverfo	rd Florida, LLC				
SUBJECT:		ted Liability Company				
The enclosed Artic	cles of Amendment and fee(s) are sub	omitted for filing.				
Please return all co	orrespondence concerning this matter	to the following:				
		Samuel J. Cantor				
		Name of Person				
	S	amuel J. Cantor, P.A. Firm/Company				
	2499	2499 Glades Road, Suite 210				
		Address				
	В	loca Raton, FL 33431 City/State and Zip Code				
	\$	samcanpa@aol.com				
For further inform	E-mail address: (nation concerning this matter, please of	to be used for future annual report	notification)			
ror turner morn			000 0555			
	Samuel J. Cantor Name of Person	at (_561_)	982-9555 aytime Telephone Number			
Enclosed is a chec	ck for the following amount:					
\$25.00 Filing	Fee \$\bigsquare{1}\\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	MAILING ADDRESS: Registration Section	Registration S				
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of C Clifton Build 2661 Executi				

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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SEURL FANY OF STATE
TALLAHASSEE, FLORIDA

Have:	rford Florida, LLC				
(Name of the Limited Liabilit (A Florida	y Company as it now app Limited Liability Compan	ears on our records.) y)	- 		
The Articles of Organization for this Limited Liability (Florida document number L09000105697	Company were filed on _	November 2, 2009	_ and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liability company l	<u> </u>			
The new name must be distinguishable and end with the wo	ords "Limited Liability Cor	npany," the designation "LLC	C" or the abbreviation		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADD	RESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)		·			
•					
B. If amending the registered agent and/or registered agent and/or the new registered office add		n our records, enter the	name of the new		
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	0	, Florida	2:- C- 1-		
	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:

MGN = Manager MGRM = Managing Member

<u>Title</u>	Name		Address	Type of Action
MGR	Michael Snyde	r	433 Plaza Real Boca Raton, FL 33432	Add Remove
MGR_	David W. Ober	ting	433 Plaza Real Boca Raton, Fl. 33432	✓ Add ☐ Remove
		,		Add Remove
				Add Remove
				Add Remove
				Add Remove
D. If amend	ding any other inform	nation, enter	change(s) here: (Attach additional sheets, if	necessary.)
_				
				
Dated	February	28	<u>2011</u> .	
	S	ignature of a r	nember or authorized representative of a member	
			Robert E. Snyder	
			Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00