# 09000114513

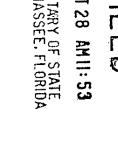
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J. BRYAN

OCT 29 2010

**EXAMINER** 

# **COVER LETTER**

TO:

P.O. Box 6327 Tallahassee, FL 32314

TO:	Registration Sec Division of Corp				
SUBJE	CT:	HYLTON RI	ENOVATIONS LLC		
		Name of Limi	ted Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please r	eturn all correspor	ndence concerning this matter	to the following:		
		NICKOY HYLTON			
HYL			Name of Person		٠
		HYLT	ON RENOVATIONS LLC		
			Firm/Company		
			18740 NW 1ST ST		
			Address	, .	FACE 5
PEMBROKE PINES FL 330 City/State and Zip Code			OKE PINES FL 33029-3273		CAFE OCT
					28
NICK@HYLTONRENOVATIONS.COM  E-mail address: (to be used for future annual report notification)					YOU AT
For furth	ner information co	e-mail address: (i		n)	10 OCT 28 AM II: 53 SECRETARY OF STATE FALLAHASSEE, FLORIDA
	NICK Name of	OY HYLTON		-5213	DA
	Name of	rerson	Area Code & Daytime Tele	ephone Number	
Enclose	d is a check for the	e following amount:			
<b>₹</b> ]\$25.6	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	of Status &
MAILING ADDRESS: Registration Section Division of Corporations		tion Section	STREET/COURIER A Registration Section Division of Corporation		

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 15, 2010

HICKOY HYLTON HYLTON RENOVATIONS LLC 18740.NW 1ST ST PEMBROKE PINES, FL 33029-3273

SUBJECT: HYLTON RENOVATIONS, LLC

Ref. Number: L09000114513



We have received your document for HYLTON RENOVATIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 510A00021923

lies to refund your discrement about with a coup of the refer, within 60 days or your firegivith to countilized abandoned.

grander i de la companya de la comp

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 10 OCT 28 AM II: 53 SECRETARY OF STATE SECRETARY OF STATE

# **HYLTON RENOVATIONS LLC**

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab	oility Company	were filed on DECE	MBER 01, 20	09 and assigned		
Florida document numberL090001145						
This amendment is submitted to amend the follow  A. If amending name, enter the new name of t	_	ility company horos				
A. If amending name, enter the new name of t	ne minteu nab	mty company nere.				
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company," t	he designation "	LLC" or the abbreviation		
Enter new principal offices address, if applicable:		18740 NW 1ST ST				
(Principal office address MUST BE A STREET ADDRESS)		PEMBROKE PINES, FL 33029-3273				
			· 			
Enter new mailing address, if applicable:	18740 NW 1ST S	Τ				
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	PEMBROKE PINES, FL 33029-3273				
B. If amending the registered agent and/or registered agent and/or the new registered offi			ecords, enter	the name of the new		
New Registered Office Address:	18740 NW	1ST ST				
		Enter F	ter Florida street address			
	PEME	BROKE PINES	, Florida	33029-3273		
		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 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 Title Name 1 **Address** Type of Action MGRM BENJAMIN RODRIQUEZ 3500 HOLLYWOOD BLVD ☐ Add · HOLLYWOOD, FL 33021 ∇ Remove MGRM CARLOS AYA 3500 HOLLYWOOD BLVD ☐ Add HOLLYWOOD FL 33021 MGRM MICHAEL BOGDAN 3500 HOLLYWOOD BLVD ☐ Add HOLLYWOOD FL 33021 MGRM SEND MESSAGE INTL INC 1835 E HALLANDALE BEACH BLVD HALLANDALE FL 33009  $\square$ Add □ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) SEPTEMBER 10 2010 Dated Signature of a member or authorized representative of a member NICKOY HYLTON Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00