

(Re	equestor's Name)	_
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(Ci	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
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(Bi	usiness Entity Name)	
,		
(Do	ocument Number)	
Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	
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G. MCLEOD

FEB 15 2010

**EXAMINER** 



500167294645

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DIVISION OF CORPORATION

10 FEB 12 PH 1: 37

## **COVER LETTER**

TO: Registration Se Division of Cor					
SUBJECT:	11930 HC	DLDINGS, L.L.C.			
		ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
		Ana M. Castro			
		Name of Person			
		Firm/Company			
	12	12071 SW. 131 Avenue			
		Address			
		Mlami, FL. 33186			
		City/State and Zip Code			
	dto	dtorres90@hotmail.com  E-mail address: (to be used for future annual report notification)			
	E-mail address: ()	to be used for future annual report notification	ation)		
For further information co	oncerning this matter, please o	all:			
An	a M. Castro	at ( 305 ) 3	86-6595		
Name of	Person	Area Code & Daytime	Telephone Number		
Enclosed is a check for the	ne following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	**Section 1: \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

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



( <u>Name of the Limited</u> (A	Liability Compa Florida Limited I	ny as it now appear Liability Company)	's on our records.)		
The Articles of Organization for this Limited Lie Florida document number H10000014		were filed on	01/21/2010	and assigned	
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	ility company her	<u>e</u> :		
The new name must be distinguishable and end with "L.L.C."	h th <b>e</b> words "Limi	ted Liability Compa	ny," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:		12071 SW. 131 Avenue			
(Principal office address MUST BE A STREET ADDRESS)		Miami, FL. 33186			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		11955 SW. 13 Miami, FL. 33		-	
B. If amending the registered agent and/or registered agent and/or the new registered of			our records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:	Ana M. Cas	tro .			
New Registered Office Address:	12071 SW.	131 Avenue	ter Florida street add	ress	
		Miami		00400	
		City	, Florida	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 = Ma MGRM = N	nager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
<del> </del>			Add Remove
			Add
			Remove
	·		Add Remove
			Add
			Remove
D. If amen	ding any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.,	)
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Dated		<del>\</del>	
	Signature of a mer	mber or authorized representative of a member	·
	1/ndi	M. (as Iro yped or printed name of signee	<del></del>

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Filing Fee: \$25.00