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SECRETARY OF STATE
TALL AHASSEF FLORIE

J. BRYAN

FEB 2 5 2009

EXAMINER

. COVER LETTER

Division of Co		•		
SUBJECT:	4151 HAI	LLENDALE, LLC		
		ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		
			is SE 5	
		George G. Kauper		
		Name of Person	AST AST	
	·· 41	4151 HALLANDALE, LLC		
		Firm/Company	F.F.S. C	
	461	1 S. University Dr. # 405	FEB 24 PM 12: 58 ECRETARY OF STATE ELAHASSEE. FLORID	
		Address		
		Davie, FL 33328		
		City/State and Zip Code		
	E-mail address: (Kauper@gmail.com to be used for future annual report notifical	tion)	
For further information	concerning this matter, please of	•		
Ge	orge G Kauper	at (95 4) 67	73-9011	
Name of Person		Area Code & Daytime T		
Enclosed is a check for	the following amount:	,		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Regis	LING ADDRESS: tration Section ion of Corporations	STREET/COURIEF Registration Section Division of Corporati		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



4151 HALLENDALE, 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 Liability Company	were filed on	February 3, 2010	and assigned
Florida document numberL10000012733			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :	
4151 HALLAN			
The new name must be distinguishable and end with the words "Limi" "L.L.C."	ted Liability Compa	ny," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:	4151 HALLAN	NDALE BEACH BL	VD
(Principal office address MUST BE A STREET ADDRESS)	HOLLYWOOD, FL 33023		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
n re 11 0 14 14 14 14 14 14 14 14 14 14 14 14 14	C		a marria of the mou
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		our records, enter the	name of the new
	_		
Name of New Registered Agent:			
New Registered Office Address:			·
Negistered Office Address.	Enter Florida street address		SS
		Florida	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	·		
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and compa	ee to act in this co late performance	apacity. I further agree	? to comply with a familiar with and
accept the obligations of my position as registered agent as p	provided for in Ch	hapter 608, F.S. Or, if	this document is
being filed to merely reflect a change in the registered office	address, I hereby	arphi confirm that the limit	ed liability

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Damova
			□ n
	·		<u>=</u>
D. If amen	ding any other informat	tion, enter change(s) here: (Attach additional shee	
			10 FEB
-			24 SSE
Dated	2/19/		PHI2: 58 OF STATE OF STATE
	Sig	nature of a member or authorized representative of a me	mber

Page 2 of 2

Filing Fee: \$25.00