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011 NOV -7 PM 2:

T. HAMPTON

NOV - 6 2011

EXAMINER

COVER LETTER

TO: Registration Sectorial Division of Corp	
SUBJECT:	H.C. Realty, LLC Name of Limited Liability Company
The enclosed Articles of A	mendment and fee(s) are submitted for filing.
Please return all correspond	dence concerning this matter to the following:
	Oren Han Name of Person
	Name of Person
	HC Realty, ((C)
	Firm/Company
	3370 NE 190 S+ F1708 Address
	Address
	City/State and Zip Code Ohon a neve hon. com E-mail address: (to be used for future annual report notification)
	City/State and Zip Code
	Ohon (a) neve hon. com
	E-mail address: (to be used for future annual report notification)
For further information cor	ncerning this matter, please call:
Oven Ho.	at (305) 409-6930 Person Area Code & Daytime Telephone Number
Name of I	Person Area Code & Daytime Telephone Number
Enclosed is a check for the	following amount:
25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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

2011 NOV -7 PM 2: 54

FILED

(Name of the Limited Lia (A Flo	Peg 144 , CC C bility Company as it now apperida Limited Liability Company	SECRETARY ars dibble records.	OF STATE E. FLORIDA
The Articles of Organization for this Limited Liabil Florida document number <u>L /1 0000</u> 3 5 /	ity Company were filed on 3		•
This amendment is submitted to amend the following	ng:		
A. If amending name, <u>enter the new name of the</u>	limited liability company he	<u>ere</u> :	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Com	pany," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable	:		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	K)		
B. If amending the registered agent and/or r registered agent and/or the new registered office		our records, <u>ente</u>	r the name of the new
Name of New Registered Agent:		···	
New Registered Office Address:			
	Enter Florida street address		
	City	, Florida _	Zip Code
	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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

\$ 4 6

MGR = Manager MGRM = Managing Member **Type of Action Title Address** Name Stephen Leo MOR Remove ☐ Add Remove ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

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Filing Fee: \$25.00

Typed or printed name of signee