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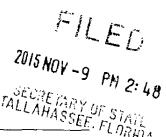
## **COVER LETTER**

ΓΟ: Registration Section Division of Corporations
SUBJECT: HRP PROPERTIES, LLC  Name of Limited Liability Company
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Hanny Pikosan
Name of Person
Firm/Company
POBOX 173463
Address
POBOX 173463  Address  HIALAAH FL 33017  City/State and Zip Code  HENRY PIKDRA @ HOTMAIC. Com  E-mail address: (to be used for future annual report notification)
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Henry Piko) not at (201) 650-9499  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
inclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Certificate of Status & \Certified Copy & Certificate of Status & \Certified Copy & Certified Copy & Cer

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



HRP PROPERTIES, 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  $\frac{4-29-11}{2}$  and assigned Florida document number \_ \_ / 1/0000 50 899. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u> Name Address Type of Action MGRM MANUEL H. PIEDRA 7947 NW 188/h ST - Add

HIALGAH FC 33015 - Remove \_\_\_\_\_**D**Change MGR HENRY N. PIEDRA 7947 NW 188H (T - Add

HIGHERH FL 33015 - Remove **∠**Change □ Add ☐ Remove Ador 9 Por 2: 48 □ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change

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reco The 9	and specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the ear $90$ th day after the record is filed.	rlier of
ted	11/4/15	
	Signature of a member or authorized representative of a member	•

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Filing Fee: \$25.00