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SECRETARY OF STATE



TO:	Registration Section Division of Corporations	
SUBJE	CT: The 500 Hendricks Condos	& Marina, LLC
	Name of Limited Liability Co	ompany
Dear Si	r or Madam:	
The end	closed Articles of Correction and fee(s) are submitted for filing	
Please	return all correspondence concerning this matter to the following	ng:
	James J. Hurchalla, Esquire	_
	Name of Person	
	James J Hurchalla & Associates, PA	<u>.</u>
	Firm/Company	
	888 E Las Olas Blvd. #200	_
	Fort Lauderdale, FL 33301 City/State and Zip Code	_
	City/state and 21p code	
	jhurch@aol.com mail address: (to be used for future annual report notification)	_
E	mail address: (to be used for future annual report notification)	
For fur	her information concerning this matter, please call:	
	James J Hurchalla, Esq. at 954	462-6776
	Name of Person Area Co	ode & Daytime Telephone Number
Registra Divisio Clifton 2661 Ex	cT/COURIER ADDRESS: ation Section of Corporations Building secutive Center Circle ssee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclose	ed is a check for the following amount:	
\$25	Filing Fee \$\bigcup \$30 Filing Fee & \bigcup \$55 Filing Fee & Certificate of Status Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (08/05)



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 23, 2011

JAMES J. HURCHALLA, ESQ 888 E. LAS OLAS BLVD., #200 FORT LAUDERDALE, FL 33301

SUBJECT: THE 500 HENDRICKS CONDOS & MARINA, LLC

Ref. Number: L11000107837

We have received your document for THE 500 HENDRICKS CONDOS & MARINA, 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):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

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) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 011A00022037

JAMES J. HURCHALLA, ESQUIRE

888 E LAS OLAS BLVD, SUITE 200, Pt. LAUDERDALE FLORIDA 33301

TELEPHONE 954-462-6776

FACSIMILE 954-462-6922

January 19, 2012

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Ref: The 500 Hendricks Condominiums & Marina, LLC

Dear Sir or Madam:

Please be advised that I represent the owner of The 500 Hendricks Condominiums & Marina, Inc. Document Number P11000082750 and The 500 Hendricks Condos & Marina, LLC, Document Number L11000107837. I previously sent in an Amendment together with the required check. Once again I sent a letter requesting that you change the name of The 500 Hendricks Condominiums & Marina, LLC.

Should you have any further questions, please do not hesitate to contact me.

Very truly yours,

James Hurchalla

12 JAN 25 PM 5 28
SECRETARY OF STATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here: The 500 Hendricks Condominiums & Marina, LLC					
The new name must be distinguishable and end with the words "Limite" L.L.C."	d Liability Company," the designation "LLC" or the abbreviation				
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 offiregistered agent and/or the new registered office address here:					
Name of New Registered Agent:					

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

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

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Filing Fee: \$25.00