## L11000115711

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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C. LEWIS

MAY 15 2012

EXAMINER

## **COVER LETTER**

Registration Section

TO:

Division of Corporations				
	HAMILTON PRO	PERTY PARTNERS	LLC	
SUBJECT:		ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.		
Please return all corres	spondence concerning this matter	r to the following:		
	JA	JACQUELINE S. CHANG		
		Name of Person		
	HAMILTION PROPERTY PARTNERS LLC			
		Firm/Company		
	133	13375 McGREGOR BLVD		
		Address		
	FC	ORT MYERS, FL 33919		
		City/State and Zip Code		
	jcha E-mail address: (	ng@thechanggroup,con to be used for future annual report	notification)	
For further information	n concerning this matter, please of	call:		
JAC	QUELINE CHANG	at (_239_)	482-6551	
Name of Person			ytime Telephone Number	
Enclosed is a check fo	r the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Reg Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, FL 32314	Registration Se Division of Co Clifton Buildin	orporations ng e Center Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAMILTON PROPERTY PARTNERS LLC

FILED 12 MAY 14 PM 1: 43

(Name of the Limited Liability Company as it now appears on our records.) ALLAHASSEE, FLORIDA
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on OCTOBER 10, 2011 and assigned Florida document number \_\_\_\_ L 11000115711 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 , Florida Zip Code City

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, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action			
MGRM	JACQUELINE S. CHANG	13375 McGREGOR BLVD FORT MYERS, FL 33919	Add Remove			
MGR_	JACQUELINE S. CHANG	13375 McGREGOR BLVD FORT MYERS, FL 33919	✓ Add ☐ Remove			
MGRM	JACK LEE	13375 McGREGOR BLVD FORT MYERS, FL 33919	AddRemove			
			Add Remove			
			Add Remove			
<del></del>			Add Remove			
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necess	ary.)			
			12 MAY I SECRETAL FALLAHAS			
 Dated <u> </u>	log 3 Rd. 20	9/2.	FILED 14 PM 1:4 ARY OF STAT (SSEE, FLORN			
	7(8-1-)-1-(7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	er or authorized representative of a member	<b>₽</b> ₩ <b>3</b>			
Typed or printed name of signee						

Page 2 of 2

Filing Fee: \$25.00