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TALLAHASSEE, FLORIDA

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T. CLINE

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EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4560 SHERIDAN HFL, LLC
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:

Elliott J. Gelfand

Name of Person

Elliott J Gelfand, C.P.A., P.A.

Firm/Company

10661 N Kendall Drive Suite 201

Address

Miami, Florida 33176

City/State and Zip Code

Blomies @ aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elliott J Gelfand

Name of Person

at (305)

274-8181

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ ^{\$55-}
~~\$30.00~~ Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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

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4560 SHERIDAN HFL, LLC

Page 1 of 2

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

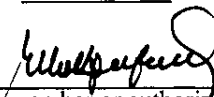
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LUC GIROUX	1221 BRICKELL AVE 9TH FLOOR MIAMI FL 33131 USA	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated December 15, 2011



Signature of a member or authorized representative of a member
Elliott J. Gelfand

Typed or printed name of signee