

L12000091951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

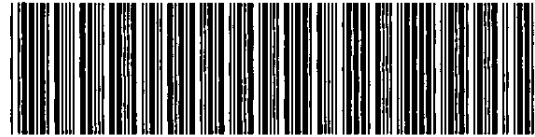
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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J. SAULSBERRY  
EXAMINER

JAN 03 2013

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **Ha Bayit, 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:

Name of Person

**Sight Properties, LLC**

Firm/Company

**421 E. Davis Blvd.**

Address

**Tampa, FL 33606**

City/State and Zip Code

**michael@vanguard-real-estate.com**

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

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For further information concerning this matter, please call:

**Michael Mincberg**

Name of Person

at **(813) 495-6491**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Ha Bayit, 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 07/16/2012 and assigned  
Florida document number L12000091951.

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)

421 E. Davis Blvd.

Tampa, FL 33606

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

421 E. Davis Blvd.

Tampa, FL 33606

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TALLAHASSEE, FLORIDA

**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:

Sight Properties, LLC

New Registered Office Address:

421 E. Davis Blvd.

*Enter Florida street address*

Tampa

*City*

, Florida 33606

*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, 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>
MGRM	Michael Minchberg	1701 N. 14th St.	<input type="checkbox"/> Add
		Tampa, FL 33605	<input checked="" type="checkbox"/> Remove
MGRM	Simeon Rice	1701 N. 14th St.	<input type="checkbox"/> Add
		Tampa, FL 33605	<input checked="" type="checkbox"/> Remove
MGRM	Sight Properties, LLC	421 E. Davis Blvd.	<input checked="" type="checkbox"/> Add
		Tampa, FL 33606	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input 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.)

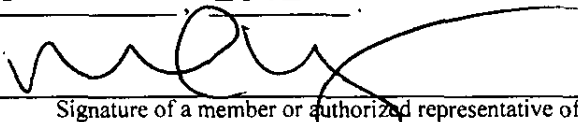
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Dated December 13, 2012



Signature of a member or authorized representative of a member

Michael Minberg for Sight Properties, LLC

Typed or printed name of signee

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Filing Fee: \$25.00

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