

L12000106425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FILED  
2012 OCT -8 AM 8:00  
TALLAHASSEE, FLORIDA  
OFFICE OF THE  
CLERK OF THE  
SUPREME COURT

J. BRYAN

OCT -9 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 29, 2012

ODIJAS CAMINHA  
OGC ASSOCIATES PA  
1239 E NEWPORT CENTER DRIVE  
DEERFIELD BEACH, FL 33442

SUBJECT: HATZ PROPERTIES LLC  
Ref. Number: L12000106425

FILED  
2012 OCT - 8 AM 8:00  
RECEIVED  
TALLAHASSEE, FLORIDA

We have received your document for HATZ PROPERTIES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Joey Bryan  
Regulatory Specialist II

Letter Number: 012A00022059

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: HATZ Properties 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:

Odijas Caminha

Name of Person

OGC Associates PA

Firm/Company

1239 E Newport Center Drive Suite 106

Address

Deerfield Beach, FL 33442

City/State and Zip Code

ogc@ogcfinancial.com

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

For further information concerning this matter, please call:

Odijas Caminha

Name of Person

at ( 954 ) 449-0716

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

FILED  
OCT - 8 AM 8:00  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

**HATZ 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 08/17/2012 and assigned

Florida document number L12000106425

**This amendment is submitted to amend the following:**

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

N/A

**(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:

N/A

**New Registered Office Address:**

N/A

**Enter Florida street address**

## Florida

City.

**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	Matheus Sena		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Mateus De Sena Alves		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

Dated September 6, 2012

*Mateus De Sena Alves*

Signature of a member or authorized representative of a member

Mateus De Sena Alves

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 OCT -8 AM 8:00

FILED