12000124520

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RECRETARY OF STATE

AUG 1 3 2013 J. BRYAN

COVER LETTER

TO:

Registration Section
Division of Corporations

RET. HPF Capital Management, 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:

Louann Bronstein

Name of Person

Seyfarth Shaw LLP

Firm/Company

1075 Peachtree Street N.E., Suite 2500

Address

Atlanta, GA 30309

City/State and Zip Code

Ibronstein@seyfarth.com

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

For further information concerning this matter, please call:

Louann Bronstein

at (404) 881-5425

Name of Person

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**

ARTICI	LES OF ORGANIZATION	•
	OF	
		30 7 /
HPF Capital Management, LL	.C	
	bility Company as it now appears on our records.) rida Limited Liability Company)	- Fig. 70 M
(A Flo	rida Limited Liability Company)	
The Articles of Organization for this Limited Liabil	lity Company were filed on 9/28/2012	and assigned and assigned
1 12000124520	my company were med on	
Florida document number L12000124520	 '	E. C.
		7
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and end with th	e words "Limited Liability Company," the designation	"LLC" or the abbreviation
"L.L.C."		
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A		
Trincipul office dudress most biz months.	(DDKESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	X)	
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		
Nome of New Projectored Agents		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	ldress
	, Florida	
-	Citv	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>	Name	Address	Type of Action
MGRM	HPF Capital, LLC	18702 SHAUNA MANOR DRIVE	Add
		BOCA RATON, FL 33496	Remove
MGR	John Butler	18702 SHAUNA MANOR DRIVE	Add
		BOCA RATON, FL 33496	Remove
			Add
		·	Remove
		ALLAHASS ALLAHASS	FILA AUG 12
		EE, FLORIO	Remove
			Add
			Remove
			Add
			Remove

. If amending any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)
	
	·
August 7 / 20	13 /
1/2/1/	
Signature of a member	r or authorized representative of a member
Donald Gage	/
Турос	or printed name of signee
	Page 3/of 3
I	Filing Fee: \$25.00

FILED
2013 AUG 12 PH 3: 47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA