U12000147347

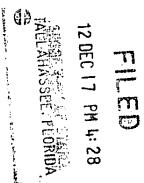
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B. BOSTICK
DEC 19 2012
EXAMINER

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

T.H.L. 12778, 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:

JOHN EGUSQUIZA, ESQ

Name of Person

LAW OFFICES OF JOHN EGUSQUIZA, P.A.

Firm/Company

9960 SW 40TH STREET

Address

MIAMI, FLORIDA 33165

City/State and Zip Code

JEELAW@BELLSOUTH.NET

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

For further information concerning this matter, please call:

JOHN EGUSQUIZA

Name of Person

305 223-8744

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

T.H.L. 12778, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our a Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number L12000147347	Company were filed on <u>11/26/201</u> .	2 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and end with the w	ords "Limited Liability Company." the d	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	<u> 1切り また ま</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PILED PH 4: 2
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		rds, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Floric	da street address
	City	, Florida 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 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>Titlė</u>	Name	Address <u>1</u>	ype of Action
MGRM	THE HOUSING LEAGUE, INC.	1119 COTORO AVENUE	Add
		CORAL GABLES, FL 33146	Remove
MGRM	OTTO GONZALEZ	1119 COTORO AVENUE CORAL GABLES, FL 33146	
			Add Remove
		TATEL AHASSEC.	Add Remove
			Add Remove
			Add
	·		Remove

If amending any other in .	formation, enter change(s) here:	: (Attach additional sheets, if necessary.)
	-	
ed Relulu	12,2012.)
,	(rlefy)	1
	Signature of a member or author	zed representative of a member
.	Typed or printed	name of signee
	Page 1	1 of 3

Filing Fee: \$25.00

12 DEC 17 PH 4: 29