# L13000068451

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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT

**HCG Stiles Capital Fund 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:

Matthew E. Morrall

Name of Person

Matthew E. Morrall P.A.

Firm/Company

2850 N. Andrews Ave.,

Address

Ft. Lauderdale, Fl., 33311

City/State and Zip Code

morrail@bellsouth.net

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

For further information concerning this matter, please call:

Matthew E. Morrall

*...*954、**563-400**5

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

# **HCG Stiles Capital Fund 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 Li Florida document numberL13000068451  This amendment is submitted to amend the following the control of the control o	·	were filed on <u>05/09/13</u>	and assigned
A. If amending name, enter the new name of	the limited liabi	ility company here:	FLOOR F.
HCG Cypress Mayfair Manager LLC			最后 <b>a</b>
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ted Liability Company," the des	signation "LLC" or the abbreviation
Enter new principal offices address, if applica	ıble:	NA ·	
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE I	<u>30X)</u>	NA ·	
B. If amending the registered agent and/or registered agent and/or the new registered of			ls, enter the name of the new
Name of New Registered Agent:	NA		***
New Registered Office Address:			
<del></del>		Enter Florida	street address
		, F	lorida
	. =	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 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 = Ma MGRM = N	nager Aanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			Remove
			***
			Total Table
			Add
			Remove
			Add
			Remove
		·	<del> </del>
		-	Add
		<del></del>	Remove

ending any other informa	tion, enter change(s) here: (Attach additional she	eets, if necessary.)
		·
	nature of a member or authorized representative of a member/Manager	ember .
Peter Wright M	Citibei/ivialiagei	
Peter Wright M	Typed or printed name of signee  Page 3 of 3	