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OCT 2 1 2013

T. HAMPTON

COVER LETTER

SUBJECT: ACC	REOITEO Name of Limited	TETLE GROUP d Liability Company	°, 44C
The enclosed Articles of Am	endment and fee(s) are subm	nitted for filing.	
Please return all corresponde	nce concerning this matter to	the following:	
	PETEL	Name of Person	
-	******	Firm/Company	
-	8201 PER	Address	2 1000
-	PLANTATE	City/State and Zip Code	324
-	Piero O E-mail address: (to	ivino a 906. Co	on)
For further information conce	erning this matter, please call	1:	
PETER Name of Per	Son HAE	at (762) 59/-9	3 5 3 lephone Number
Enclosed is a check for the fo	ollowing amount:		
\$25.00 Filing Fee	2\$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

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS.

Registration Section
Division of Corporations
Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HCCKEDETED TETLE GROUP, 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 06/05/13 and assigned
Florida document number <u>L 130000F147</u> F
ER S T
Florida document number <u>L 130000F147F</u> This amendment is submitted to amend the following: 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 "LEC" or the abbreviation
"L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(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 ne
registered agent and/or the new registered office address here:
Name of New Registered Agent
Manie in them reposited Agenr
New Registered Office Address: Enter Florida street address
rnier rioriaa street aaaress
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 Degistered Agent, Stranture 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	HEMRAJ PKANHAI	F201 PETERS ROAD	Add
		SUELE 1000	Remove
		PLANTHTEON FL 333:	24
n <u>GRm</u>	NIKKIE KANHI	FROI PETER KOAD	Add
		SUZTE 1000	Remove
		PLANTATEON FL 33321	<i></i>
m GRm	NEURCA KANHAE	8201 PETERS ROAD	
		SUETE 1000	Remove
		PLANTATION FL 333	24
<u> </u>			Add
		where the transfer of the tran	Remove
			FILED RECRETARY OF E
		1	3 SEE
			Remove
			57 TE RIDA
			Add
			Remove

if am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
•	
•	
	OCT 27TH 2013
!	OCT 27TH, 2013
	Prt- Karkai
	Signature of a member or authorized representative of a member
	PETER KANHASE
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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