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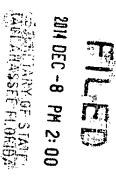
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	
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## **COVER LETTER**

TO: Registration Se Division of Cor		•	
SUBJECT:	HTA Or Name of Lim	OUP INVEST	TORS 1/C
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	HALA	AKKAM Name of Person	
	HTA 6	) <u>LOUP INVES</u> Firm/Company	tors 1/C
	303 PR	IDENCE Ln Address	
	Panama Co	Eity Beach City/State and Zip Code	FL. 32408 =
		to be used for future annual report notifi	
For further information co	oncerning this matter, please ca	all:	PH 2:
HALA Name o	Person		Telephone Number
Enclosed is a check for th	ne 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

HTA (	MOUP		IVESTOR.	<del> </del>	<u></u>	
(Name of the Limite)	d Liability Compan A Florida Limited L	y as it now a lability Comp	ippears on our records pany)	<u>s.</u> )		
The Articles of Organization for this Limited Lia Florida document number <u>[ 130000                                </u>	bility Company	were filed o	on JUNE/S	17/2013	and assign	ned
This amendment is submitted to amend the follow	wing:					
A. If amending name, enter the new name of	the limited liabi	lity compa	ny here:			
The new name must be distinguishable and end with the w	ords "Limited Liabi	lity Company	," the designation "LLC	C" or the abbrev	iation "L.L.	C."
Enter new principal offices address, if applica	ble:		·			
(Principal office address MUST BE A STREET	ADDRESS)					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B				SS	2014 DEC -8 PM	
B. If amending the registered agent and/o registered agent and/or the new registered offi	r registered office address here	ice addres :	ss on our records	i, enter the	name of	the new
Name of New Registered Agent:	_ lony	BED	RAN			
New Registered Office Address:	<u>303</u> (	RUDE Ente	TNCE LN er Florida street addres:	s	<del></del>	
	Panama.	City	Bezen, Flo	orida <u>3</u>	2408' ip Code	<del></del>
Now Designated Agent's Signature if shanging De	national Assault	-				

#### 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 605, 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

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Antoine KhaliL	280 N. LORRAINE DR.	<b>5</b> \$.Add
		280 N. LORRAINE DR.  MARY ESTTER, FL 32569	□ Remove
		<u>.</u> .	□ Add
			□ Remove
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			Add  Remove  Remove  Remove  Remove  Remove  Remove  Remove  Remove
			-8 PH-2: 00 Remove
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			□ Remove
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			☐ Remove

<u> </u>	le are	ADDING	TONY	BEDRAN	as	Registere
29	ent q	ADDING Change a MGR.	ANTOINE	KhaliL	from	registeres
_a_	ent to	o a MGR.			/	
	<del></del>					
Effective da	te, if other tha	an the date of filing ic, cannot be prior to date			(opt	ional)
The effective date this do	ate must be specificument is filed by	ic, cannot be prior to date y the Florida Department	e of receipt or filed d of State)	late and cannot be mo	re than 90 days	after
Dated						
Dated		///	n /			

Page 3 of 3

Filing Fee: \$25.00

20M DEC -8 PM 2: 00