HP LaserJet Professional M1212nf MFP

Fax Confirmation

Job	Date	Time	Type	Identification	Duration	Pages	Result
2690	04/22/2016	01:20:18PM	Send	18506176383	0:51	4	OK

L14000112201

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000109204 3))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : JELEN ACCOUNTING SERVICES, INC
Account Number : [illegible]
Phone : (305)591-9168
Fax Number : (305)591-9167

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
Email Address: [illegible]

LLC AMND/RESTATE/CORRECT OR NMIG RESIGN
BG INTERGROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$35.00

Electronic Filing Menu Corporate Filing Menu Help

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 MAY 10 AM 10:04

FILED
2016 MAY 10 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 11 2016
S. YOUNG

HP LaserJet Professional M1212nf MFP

Fax Confirmation

Job	Date	Time	Type	Identification	Duration	Pages	Result
2715	05/06/2016	10:30:11AM	Send	18506176383	1:21	7	OK

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 MAY 10 AM 10:04

HP LaserJet Professional M1212nf MFP

Fax Confirmation

Job	Date	Time	Type	Identification	Duration	Pages	Result
2694	04/27/2016	11:01:32AM	Send	18506176383	2:50	4	OK

RECEIVED
2016 MAY 10 PM 12:00
FLORIDA DEPT. OF STATE
TALLAHASSEE, FLORIDA

4rd Request
5/6/2016

6 Pages
5/10/2016

April 26, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HG INTERGROUP LLC
8181 NW 36 ST, STE. 13AB
DORAL, FL 33166

SUBJECT: HG INTERGROUP LLC
REF: L14000112201

FILED
16 MAY 10 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

FAX Aud. #: H16000100294
Letter Number: 216A00008436

RECEIVED
2016 MAY 10 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5 pages III
4/27/2016

P.O BOX 6327 – Tallahassee, Florida 32314

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

HG INTERGROUP 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 07/16/2014 and assigned Florida document number L14000112201.

This amendment is submitted to amend the following:

FILED
16 MAY 10 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida 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 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

If amending Authorized Person(s) authorized to manage, enter the title, name, address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	HG INTERGROUP, SA	CALLE 14B NORTE CASA 10E C	☐ Add
		EL DORADO CIUDAD DE PANA	■ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

FILED
16 MAY 10 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: [illegible]

GOMEZ VILARO, HUMBERTO MGR

HINCAPIE, CLAUDIA

E. Effective date, if other than the date of filing: [illegible] (optional)

[illegible]

Note: [illegible]

[illegible]

Date: [illegible] 2016

GOMEZ VILARO, HUMBERTO

[illegible]

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 MAY 10 AM 10:04