# L14000116206

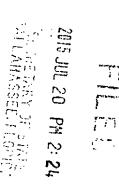
(Re	questor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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### **COVER LETTER**

Division of Corp	orations		
Hollywood I	Hills Apartments, LLC		
SUBJECT:	Hills Apartments, LLC  Name of Limite	ed Liability Company	<del></del>
The enclosed Articles of A	Amendment and fee(s) are subm	itted for filing.	
Please return all correspor	ndence concerning this matter to	o the following.	
	Michael L. Elion, Esq.		
	<del></del>	Name of Person	<u></u> _
	Mart Management, LLC		
		Firm/Company	<del></del> -
	2090 Palm Beach Lakes Blv	d , STE 701	
		Address	<del></del>
	West Palm Beach, FL 33409	)	
		City State and Zip Code	
	m.elion@martmanagement.co		
	E-mail address: (to	be used for future annual report notifica	ition)
For further information ed	oncerning this matter, please cat	l:	
Michael Ehon		561 684-2095	
Name of	Person	at () Area Code Daytime T	elephone Number
Enclosed is a check for th	e 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:

TO:

Registration Section

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

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



RECEIVED 15 JUL 20 PH 4: 11

## FLORIDA DEPARTMENT OF STATE CRETARY LA STATE Division of Corporations TALLAHASSEE, FLORIDA

July 9, 2015

MICHAEL L ELION, ESQ 2090 PALM BEACH LAKES BLVD.STE 701 WEST PALM BEACH, FL 33409

SUBJECT: HOLLYWOOD HILLS APARTMENTS, LLC

Ref. Number: L14000116206

We have received your document for HOLLYWOOD HILLS APARTMENTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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

Letter Number: 815A00014336

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ability Company as II now appears on our records.) orida Limited Liability Company)	
ty Company were filed on July 23, 2014	and assigned
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g:	
limited liability company here:	
"Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
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ODRESS)	
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address here:	2 <u>2</u>
	•
Enter Florida street address	
Florida	
Cuy	Zip Code
1	Enter Florida street address  Elimited liability company," the designation "LLC" or the DDRESS)  Enter Florida street address Florida

#### 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, and address of each person being added or removed from our records:

MGR = N $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			☐ Change
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Filing Fee: \$25.00