#L/4000/52259

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WHASSEE, FLORID

K.SALY EXAMINER OCT 15 2014

COVER LETTER

TO:	Registration Sec Division of Corp		·	
SUBJ	H2P L	_AKE RUBY, I	LLC	
SUBJ	EC1	Name of Limi	ted Liability Company	
The er	nclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	rcturn all correspon	ndence concerning this matter	to the following:	
		Victor J. Tro	iano, Esquire	
			Name of Person	1
		Troiano & R	oberts, P.A.	
			Firm/Company	
		317 South T	ennessee Aven	ue
			Address	
		Lakeland, Fl	orida 33801	
			City/State and Zip Code	
		shamic@hjhscpa.	COM to be used for future annual report notif	ication)
For fu	rther information co	oncerning this matter, please ca	•	
Vio	ctor J. Tro	oiano	a 863 686-7	136
	Name of	Person	Area Code Daytime	e Telephone Number
Enclo	sed is a check for th	e following amount:		
■ \$2	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 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

2014 OCT -8 PM 3:56

ALT AHASSEE FI ORING

H2P LAKE RUBY, LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.) ^
(A Florida Limited Liability Company)

			ORIDA
The Articles of Organization for this Limited Liability	y Company were filed	on September 29, 2014	and assigned
Florida document number L14000152259			
This amendment is submitted to amend the following	;;		
A. If amending name, enter the new name of the I	imited liability compa	any here:	
The new name must be distinguishable and end with the words	"Limited Liability Compan	y," the designation "LLC" or the abl	oreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		

Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or re	ogistered office addra	ess on our records, enter t	he name of the ne
registered agent and/or the new registered office a		ess on our records, enter the	ne name of the ne
Name of New Registered Agent:			
New Registered Office Address:	Fn	nter Florida street address	
	City	, Florida	7in Codo
	ĺ		zip Coae
New Registered Agent's Signature, if changing Regist	ered Agent:		
I hereby accept the appointment as registered age			
provisions of all statutes relative to the proper an			
accept the obligations of my position as registered	a agent as provided jo	ər in Unapier ovə, r.S. Or, i)	tinis aocument is

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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

	Tanager Authorized Member	
<u>Title</u>	<u>Name</u>	Address Type of Action
MBR	Piyush Patel	303 Lake Hollingsworth Drive
		Lakeland, Florida 33803 _{■ Remove}
MBR	Pranay Patel	303 Lake Hollingsworth Drive ■ Add
		Lakeland, Florida 33803 Remove
		Remove SSE
		Add: C
		Add
		Remove
		Add
		Remove

		
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e this document is filed by the Florida Department	of receipt or filed date and cannot be more than 90 days of State)	

Page 3 of 3

Filing Fee: \$25.00