

05/12/2015 09:27 TO: 18506176383 FROM: 9545102072 Page 2
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L14000164290

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : GFB TAX SERVICE LLC
 Account Number : I20120000047
 Phone : (754)246-6160
 Fax Number : (954)510-2072

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 2015 MAY -8 AM 9:39
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: gastonbelen@gfbtaxservice.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 HAWTHORNE RE INVEST LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
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 INFORMATION SERVICES

K. SALLY
 EXAMINER
 MAY 11 2015

05/8/2015

09:37

TO:18506176383 FROM:9545102072

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COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: **HAWTHORNE RE INVEST LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GASTON BELEN

Name of Person

GFB TAX SERVICE LLC

Firm/Company

2200 N. COMMERCE PARKWAY. SUITE 200

Address

WESTON, FL 33326

City-State and Zip Code

GASTONBELEN@GFBTAXSERVICE.COM

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

GASTON BELEN

Name of Person

754 246-6160

at ()
Area Code

Daytime Telephone Number

Enclosed is a check for the 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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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HAWTHORNE RE INVEST 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 10/21/2014 and assigned
Florida document number L14000164290

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3109 GRAND AVE.

UNIT 435

MIAMI, FL 33133

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3109 GRAND AVE.

UNIT 435

3109 GRAND AVE.

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

Florida

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 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

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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:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
-------	------	---------	----------------

MRGM	A2S LLC	3109 GRAND AVE.	<input checked="" type="checkbox"/> Add
		UNIT 435	<input type="checkbox"/> Remove
		MIAMI, FL 33133	

AMBR	ANDRES SISO	C/O GFB TAX 2200 N COMMERCE PARKWAY	<input type="checkbox"/> Add
		SUITE 200	<input checked="" type="checkbox"/> Remove
		WESTON, FL 33326	

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JILL A. ROBERTS

			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

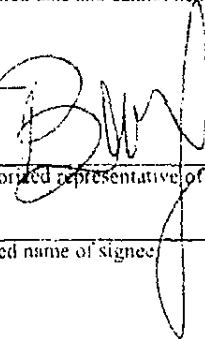
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MAY 6, 2015



Signature of a member or authorized representative of a member

GASTON F. BELEN

Typed or printed name of signer

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Filing Fee: \$25.00

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