15000009858

(Re	questor's Name)	
(Ad	dress)	
. (Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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COVER LETTER

SUBJECT:	H & A PROPERTIES ALPHA,	LLC			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	CAVIT HABIB				
	 	Name of Person			
	H & A PROPERTIES AL	PHA, LLC			
	Firm/Company				
	224 DATURA STREET, S	SUITE 1012			
		Address			
	WEST PALM BEACH, F	L 33401			
		City/State and Zip Code			
	E-mail address: (to be used for future annual report notifi	cation)		
For further information	concerning this matter, please co	all:			
SANJAY ARORA		561 922-6400			
Name	of Person	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:

TO:

Registration Section Division of Corporations

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**

H & A PROPERTIES ALPHA, LLC				
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liab Florida document number L15000069858				
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited liab	ility company here:		
,				
The new name must be distinguishable and contain the work	ls "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicab	le:	224 DATURA STREET		
(Principal office address MUST BE A STREET.	ADDRESS)	SUITE 1012		
		WEST PALM BEACH, FL 33401		
Enter new mailing address, if applicable:		224 DATURA STREET		
(Mailing address MAY BE A POST OFFICE BO	<u>OX)</u>	SUITE 1012		
		WEST PALM BEACH, FL 33401		
B. If amending the registered agent and/or registered agent and/or the new registered office				
Name of New Registered Agent:	FINANCE & T	ECHNOLOGY CONSULTANTS INC		
New Registered Office Address:	224 DATURA	STREET, SUITE 1012		
-		Enter Florida street address		

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.

WEST PALM BEACH

If Changing Register

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 = Manager

$\mathbf{AMBR} = \lambda$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
	•		□ Remove
			☐ Change
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ffective date, if other than	the date of filing: 0	06/25/2017		_ (optional)	
an effective date is listed, the date lote: If the date inserted in thi ocument's effective date on the	s block does not meet	the applicable statu	filing or more than 90 cutory filing requirement	lays after filing.) Pursents, this date will	uant to 605.020 not be listed as
e record specifies a dela The 90th day after the i		e, but not an eff	ective time, at 1	2:01 a.m. on t	he earlier o
ated	2	017			
		Habrit			

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Typed or printed name of signee

Filing Fee: \$25.00