

L15000075889

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

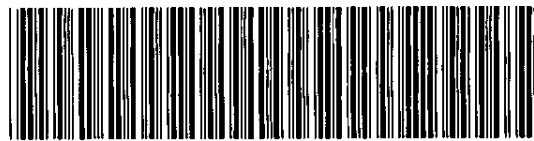
(Document Number)

Certified Copies _____ Certificates of Status _____

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15 JUL 15 PM 3:07
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TALLAHASSEE, FLORIDA

09/08/15--01001--021 **25.00

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TALLAHASSEE, FLORIDA

SEP 04 2015

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 12, 2015

YAN FEN HONG
7972 GORDEAN ROAD
JACKSONVILLE, FL 32221

SUBJECT: HCP CENTER LLC
Ref. Number: L15000075889

We have received your document for HCP CENTER LLC and your check(s) totaling \$. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$25.00.

I HAVE RECEIVED THE AMENDMENT FORM YOU WISH TO FILE HOWEVER
NO CHECK WAS EVER RECEIVED WITH THE OTHER FORMS SENT. PLS
SEND \$25.00 CHECK TO MY ATTN

Please return 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.

Stacey M Mason
Regulatory Specialist II

Letter Number: 215A00016971



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 16, 2015

YAN LAN HONG
7972 GORDEAN ROAD
JACKSONVILLE, FL 32221

SUBJECT: HCP CENTER LLC
Ref. Number: L15000075889

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

We are enclosing the proper form(s) with instructions for your convenience.

There is a balance due of \$85.00.

YAN LAN HONG IS THE REGISTERED AGENT FOR THIS LLC - ENCLOSED FORM MUST BE FILLED OUT AND SENT IN WITH CHECK.

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.

Stacey M Mason
Regulatory Specialist II

Letter Number: 615A00014978

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

HCP Center 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:

YAN FEN HONG

Name of Person

HCP Center LLC

Firm/Company

7972 Gordon Rd

Address

JACKSONVILLE FL 32221

City/State and Zip Code

hong.karen1@hotmail.com

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

For further information concerning this matter, please call:

YAN FEN HONG

Name of Person

at (904)

Area Code

955-1955

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L15000075889.

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 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:

YAN FEN HONG

New Registered Office Address:

7972 Gordeau Rd

Enter Florida street address

JACKSONVILLE

City

Florida

FL 32221

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.

Yanfen Hong
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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
FILED
☐ Add
☐ Remove
☐ Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 07/31, 2015

YAN FEN HONG
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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