

L15000136476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

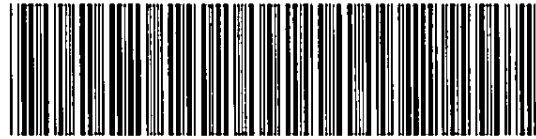
(Business Entity Name)

(Document Number)

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ST. JAMES STATE  
TALLAHASSEE FL ORIDA

J. LEGGETT  
NOV 14 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** HALLANDALE RESIDENCES 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:

WILLIAM C DELGADO

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

926 NW 10 TH ST

\_\_\_\_\_  
Address

HALLANDALE FL 33009

\_\_\_\_\_  
City/State and Zip Code

delgadowilly@gmail.com

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

For further information concerning this matter, please call:

william c delgado

786 312-0498

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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:**  
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**

HALLANDALE RESIDENCES 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 8-10-2015 and assigned  
Florida document number L15000136476

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:**

7901 HISPANOLA AVE #902

**(Principal office address MUST BE A STREET ADDRESS)**

MIAMI FL 33141

**Enter new mailing address, if applicable:**

926 NW 10TH ST

**(Mailing address MAY BE A POST OFFICE BOX)**

HALLANDALE BEACH FL 33009

**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:

WILLIAM C DELGADO

New Registered Office Address:

926 NW 10TH ST

*Enter Florida street address*

HALLANDALE

Florida

33009

*City*

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SANTA FE  
TALLAHASSEE, FL 32304

**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 = Manager**  
**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	WILTON GROUP LLC	774 NE 126 TH ST	<input type="checkbox"/> Add
		NORTH MIAMI FL 33161	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	WILLIAM C DELGADO	926 NW 10TH ST	<input checked="" type="checkbox"/> Add
		HALLANDALE FL 33009	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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ST. JOHNS AFB  
TALLAHASSEE FLORIDA

17 NOV - 8 PM 1:58  
STREET LIGHTS  
TALLAHASSEE FLORIDA

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(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 11-7

2017

7 \_\_\_\_\_ 2017

Signature of a member or authorized representative of a member

DELMAR DANIEL

Typed or printed name of signee