

L15000184057

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000120406 3)))



H170001204063ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : INTERSTATE FILINGS LLC
Account Number : I20110000086
Phone : (718) 569-2703
Fax Number : (718) 504-7890

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

Email Address: CONTACT@INTERSTATEFILINGS.COM

RECEIVED
2017 MAY -3 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HH 1427, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 MAY -3 PM 3:56

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY
MAY -4 2017

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

HH 1427, LLC

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

FILED
2017 MAY -3 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/29/2015 and assigned
Florida document number L15000184057

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)

C/O JAJAN & ASSOCIATES, PLLC

40 Wall Street, 25th Floor

New York, New York 10005

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

C/O JAJAN & ASSOCIATES, PLLC

40 Wall Street, 25th Floor

New York, New York 10005

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:

INTERSTATE AGENT SERVICES LLC

New Registered Office Address:

1540 GLENWAY DRIVE

Enter Florida street address

TALLAHASSEE

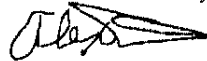
City

Florida 32301

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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MOREA, CARLOS	C/O 355 ALHAMBRA CIRCLE, SUITE 801	<input type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Remove
MGR	MOREA, CARLOS	C/O JAJAN & ASSOCIATES, PLLC	<input checked="" type="checkbox"/> Add
		40 Wall Street, 25th Floor	<input type="checkbox"/> Remove
		New York, New York 10005	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2017 MAY -3 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

((H17000120406 3)))

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 2 , 2017



Signature of a member or authorized representative of a member.

ALEX ENGLAND

Typed or printed name of signee

FILED
2017 MAY -3 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

((H17000120406 3)))