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FILLARASSEE FLORDA

MAY 11 2013

COVER LETTER

TO: **Registration Section Division of Corporations**

500 University, LLC SUBJECT:

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:

Victor P. Balestra

Name of Person

c/o HB Capital Partners, LLC

Firm/Company

3135 SW Third Avenue

Address

Miami, FL 33129

City/State and Zip Code

victor@hbcapitalpartners.com

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

For further information concerning this matter, please call:

V	ictor P. Balestra		305 854- at ()	-5206	3107	
Er	Name o nelosed is a check for th	f Person ne following amount:	Area Code	Daytime Telephone Number	d UL MH	ار بر المدينة : المدينة : المانة
	\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo)	Certificate of Sta	itusැහී ආ	المستنقدة -

MAILING ADDRESS: Registration Section

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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

500 University, LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our re rida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Florida document number <u>L16000083407</u>	y Company were filed on <u>April 27. 201</u>	and assigned
This amendment is submitted to amend the following		
A. If amending name, <u>enter the new name of the l</u>	imited 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 AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BEA POST OFFICE BOX)		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		cords, <u>enter me name or the m</u>
Name of New Registered Agent:	- <u> </u>	Circle N
New Registered Office Address:		<u>្រុះ</u> ភ ក្រុះ ស
	Enter Florida street o	ndress
		_, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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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>	Address	<u>Type of Action</u>
MGR	Nathan Ward	525 S. Flagler Drive	🖸 Add
		Suite 200	Remove
		West Palm Beach, FL 33401	Change
			□ Add
			Remove
			Change
. <u></u>			Add
			Change of Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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recu	ive date, if other than the date of filing:	nnot be prior to date of filing c	or more than 90 days after fi	ing.) Pursuant to 605.0207
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