

L16000091972

AUG 24 2016 12:22 PM
Division of Corporations

GERALD WEINBERG

No. 5872

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6393

From:

Account Name : GERALD WEINBERG, P.C.
Account Number : I20030000043
Phone : (800) 342-9856
Fax Number : (800) 354-3381

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

Email Address: _____

2016 AUG 24 PM 12:46

ALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HMJ FLORIDA REALTY LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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2016 AUG 24 A 9:31
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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AUG 25 2016

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Corporate Filing Menu

Help

Aug. 24. 2016 12:22PM

(GEALD WEINBERG 0203 824 3)

No. 5872 P. 2

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

HMJ FLORIDA REALTY 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 05/11/16 and assigned
Florida document number L16000091972

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**)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

JOHN MICHAELS

New Registered Office Address:

20281 E. COUNTRY CLUB DR., APT. 1807

Enter Florida street address

AVENTURA

Florida 33180

City

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, the signature of New Registered Agent

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Aug. 24. 2016 12:22PM

GEALD WEINBERG,

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CH 16002038243

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>
--------------	-------------	----------------	-----------------------

AMBR	CRAIG TRUEN	10 CUTTER MILL ROAD	<input type="checkbox"/> Add
------	-------------	---------------------	------------------------------

		GREAT NECK, NY 11021	<input checked="" type="checkbox"/> Remove
--	--	----------------------	--

			<input type="checkbox"/> Change
--	--	--	---------------------------------

AMBR	NANCI TRUEN	10 CUTTER MILL ROAD	<input type="checkbox"/> Add
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		GREAT NECK, NY 11021	<input checked="" type="checkbox"/> Remove
--	--	----------------------	--

			<input type="checkbox"/> Change
--	--	--	---------------------------------

AMBR	JOHN MICHAELS	10 CUTTER MILL ROAD	<input checked="" type="checkbox"/> Add
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		GREAT NECK, NY 11021	<input type="checkbox"/> Remove
--	--	----------------------	---------------------------------

			<input type="checkbox"/> Change
--	--	--	---------------------------------

			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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			<input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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CH 16002038243

2016 AUG 24 9:31
SECRETARY OF STATE
TAMMINGTON, FLORIDA

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9:31
11

ED

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)

(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.

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 AUGUST 15

2016

Signature of a member or authorized representative of a member

JOHN MICHAELS, AUTHORIZED MEMBER

Typed or printed name of signer

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