

L17000019195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

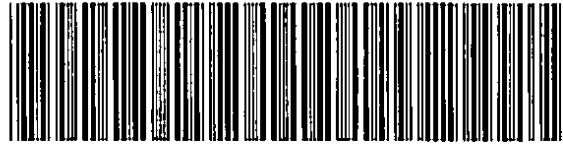
(Document Number)

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TALLAHASSEE, FLORIDA

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# HERMANN & GOVIN

134 SOUTH DIXIE HIGHWAY, SUITE 100  
HALLANDALE BEACH, FLORIDA 33009

Telephone (305) 356-8403 Facsimile (786) 899-2720  
[www.hg-law.com](http://www.hg-law.com)

JAMES W. GOVIN, ESQ.  
ATTORNEY AT LAW  
DIRECT LINE: (786) 206-7995  
JGOVIN@HG-LAW.COM

July 18, 2017

**Via Federal Express**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: HALLANDALE BUSINESS CENTER II, LLC

Dear Sir/Madam:

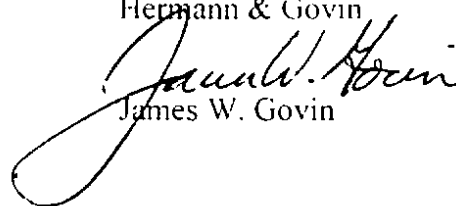
Enclosed please find the following documents and fees:

1. Articles of Amendment to Articles of Organization	\$25.00
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<b>TOTAL FEES:</b>	<b>\$25.00</b>
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Should you have any questions, do not hesitate to contact me. Thank you.

Hermann & Govin

  
James W. Govin

Enclosures/ck.

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Hallandale Business Center II, 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:

James W. Govin

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

Hermann & Govin

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

134 S. Dixie Hwy, Suite 100

\_\_\_\_\_  
Address

Hallandale Beach, FL 33009

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

jgovin@hg-law.com

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

For further information concerning this matter, please call:

James W. Govin

786

206-7995

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

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TALLAHASSEE, FLORIDA

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

HALLANDALE BUSINESS CENTER II, 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 1/25/2017 and assigned  
Florida document number 117000019195.

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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida

*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, Signature of New Registered Agent

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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	Robert Shan	134 S. Dixie Hwy, Suite 208	<input checked="" type="checkbox"/> Add
		Hallandale Beach, FL 33009	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<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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TALLAHASSEE, FLORIDA

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**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 June 30, 2017

Signature of a member or authorized representative of a member

Jodi Tartell, Trustee of the Joan Geduld 2002 Family Irrevocable Trust dated June 11, 2002

Typed or printed name of signee