

To: 1806176333 From: 13056820009 Date: 06/09/17 Time: 9:09 AM Page: 02/06

4/21/2017

Division of Corporations

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.

(((H17000110124 3)))



H170001101243ABCR

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 : THE SCHIFFMAN LAW GROUP, P.A.
Account Number : I20000000100
Phone : (305)682-1328
Fax Number : (305)682-0063

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HB 1410, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2017 JUN -9 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 JUN -9 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HB 1410, 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:

Adam R. Schiffman, Esquire

Name of Person

The Schiffman Law Group, P.A.

Firm/Company

2875 NE 191 Street, Suite 500

Address

Aventura, FL 33180

City/State and Zip Code

adam@realatty.net

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

For further information concerning this matter, please call:

Adam R. Schiffman, Esquire

305 682-1328

Name of Person

at (_____) _____
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

FILED
2017 JUN -9 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HB 1410, 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 2/24/2017 and assigned
Florida document number L17000044997.

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

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>
MGRM	Hemagasolan LLC	260 Crandon Blvd., C42	Add
		Key Biscayne, FL 33149	<input checked="" 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
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<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
			<input type="checkbox"/> Change

2017 JUN -9 AM 10:31
FILED
TALLAHASSEE
SECRETARY OF STATE
FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

5

FILED
2017 JUN -9 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

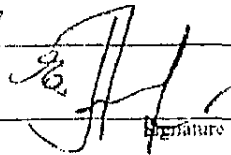
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 April 17, 2017



Signature of a member or authorized representative of a member

Evgeny Alekseev

Typed or printed name of signee

To: 18506176383 From: 13056820063 Date: 06/09/17 Time: 9:09 AM Page: 01/06

To: 13056820063 From: +Restricted Date: 04/24/17 Time: 7:18 AM Page: 01
850-817-6381 4/24/2017 10:18:52 AM PAGE 1/001 Fax Server



April 24, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HB 1410, LLC
2875 NE 191 STREET
500
AVENTURA, FL 33180

SUBJECT: HB 1410, LLC
REF: L17000044997

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

PLEASE INDICATE WHICH ACTION YOU WANT TO TAKE FOR HEMAGASOLAN LLC, YOU HAVE MARKED BOTH THE ADD AND REMOVE BOXES

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

FAX Aud. #: H17000110124
Letter Number: 317A00007870

2017 JUN -9 PM 12:51
TALLAHASSEE, FLORIDA