

01/06/2018

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LAZARUS

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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)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*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  
HINDU PROPIEDADES, L.L.C.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
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Electronic Filing Menu

Corporate Filing Menu  
SEP 1 2017

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17 SEP 18 AM 8:49  
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H17000245515  
ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

HINDU PROPIEDADES, 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 05/05/2017 and assigned  
Florida document number L17000100110

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 "LLC."

Enter new principal offices address, if applicable:

16850 COLLINS AVE STE 105

(Principal office address MUST BE A STREET ADDRESS)

SUNNY ISLES BEACH, FL. 33160

Enter new mailing address, if applicable:

16850 COLLINS AVE STE 105

(Mailing address MAY BE A POST OFFICE BOX)

SUNNY ISLES BEACH, FL. 33160

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:

DUBIN, DANIEL

New Registered Office Address:

16850 COLLINS AVE STE 105

Enter Florida street address

SUNNY ISLES BEACH

Florida 33160

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 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          | MOLINA, GUSTAVO M. | 16550 COLLINS AVE STE 105    | <input type="checkbox"/> Add               |
|              |                    | SUNNY ISLES BEACH, FL. 33160 | <input checked="" type="checkbox"/> Remove |
| MGR          | DUBIN, DANIEL      | 16850 COLLINS AVE STE 105    | <input checked="" type="checkbox"/> Add    |
|              |                    | SUNNY ISLES BEACH, FL. 33160 | <input type="checkbox"/> Remove            |
|              |                    |                              | <input type="checkbox"/> Add               |
|              |                    |                              | <input type="checkbox"/> Remove            |
|              |                    |                              | <input type="checkbox"/> Add               |
|              |                    |                              | <input checked="" type="checkbox"/> Remove |
|              |                    |                              | <input type="checkbox"/> Add               |
|              |                    |                              | <input type="checkbox"/> Remove            |
|              |                    |                              | <input type="checkbox"/> Add               |
|              |                    |                              | <input type="checkbox"/> Remove            |

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

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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 September 18 2017

Signature of a member or authorized representative of a member

DUBIN, DANIEL

Typed or printed name of signer

17 SEP 18 AM 8:49  
FLORIDA DEPARTMENT OF STATE

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