

L17000116617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

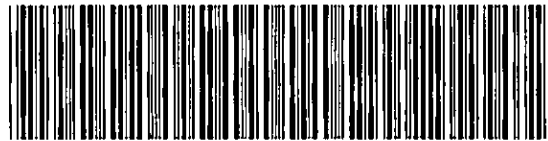
(Business Entity Name)

(Document Number)

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11/17/18 7:42

O. SIMMONS  
DEC 19 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 30, 2018

MOUSTAFA ELSEHRAWY  
10471 N KENDALL DR, STE B102  
MIAMI, FL 33176

SUBJECT: HEI 2017Q2, LLC  
Ref. Number: L17000116617

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We have received your document for HEI 2017Q2, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 818A00024502

RECEIVED  
NOV 30 2018  
10:17 PM

## COVER LETTER

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TO: Registration Section  
Division of Corporations

HEI 2017Q2, LLC

SUBJECT: \_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Moustafa Elsehrawy

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

HEI 2017Q2, LLC

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

10471 N. Kendall Drive, Suite #B102

\_\_\_\_\_  
Address

Miami, FL 33176

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

me@hubbestate.com

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

For further information concerning this matter, please call:

Moustafa Elsehrawy

305 490-1173

\_\_\_\_\_  
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

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

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HEI 2017Q2, 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 05/26/2017 and assigned  
Florida document number 1,17000116617.

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)

10471 N. Kendall Drive, Suite #B102

Miami, FL 33176

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10471 N. Kendall Drive, Suite #B102

Miami, FL 33176

**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:

Moustafa Elschrawy

New Registered Office Address:

10471 N. Kendall Drive, Suite #B102

*Enter Florida street address*

Miami

*City*

Florida 33176

*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>
MGR	HEI GROUP, LLC	9675 NW 117th AVE, Suite 405	<input type="checkbox"/> Add
		Miami, FL 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MOUSTAFA ELSEHRAWY	10471 N. Kendall Drive, Suite #B102	<input checked="" type="checkbox"/> Add
		Miami, FL 33176	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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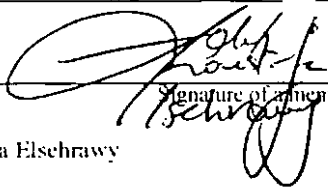
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 14th of November 2018

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Moustafa Elschrawy  
\_\_\_\_\_  
Typed or printed name of signer