Florida Department of State Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

: (850)617-6383 Fax Number

From:

Account Name : LAW OFFICE OF PAUL A. KRASKER P.A. Account Number: 120090000078

: (561)801-7312 Phone

: (561)51573904 Fax Number

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

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## ELLC AMND/RESTATE/CORRECT OR M/MG RESIGN HARD EIGHT PROPERTIES LLC

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## M180001391373

TO: Registration Section
Division of Corporations

SUBJECT:	HARD EIG	HT PROPERTIES LLC				
SUBJECT:		Name of Limi	ted Liability Company	<del></del>		
The enclosed	d Articles of a	Amendment and fee(s) are subr	nitted for filing.			
Please return	all correspon	ndence concerning this matter t	to the following:			
PAUL A. KRASKER, ESQ.						
			Name of Person			
		THE LAW OFFICE OF PA	AUL A. KRASKER, P. A.			
			Firm/Company			1.75
		1615 FORUM PLACE, 5T	H FLOOR			
	WEST PALM BEACH, FL 33401					Entru
		PKRASKER@KRASKERI	City/State and Zip Code  AW.COM		2018 WAY -	
		E-mail address: (1	to be used for future annual report notif	ication)	- w	m
For further i	nformation o	oncerning this matter, please ca	all:		υ 4. 🐯	Ü
ANDREA N	MURPHY		561 515-4722 at ()			
	Name of	f Person	Area Code Daytime	e Telephone Number	_	
Enclosed is	a check for th	ne following amount:				
<b>≅ \$</b> 25.00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional ropy is enaloged)	Certified (	e of Status &	,
			••			

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

05/03/2018 11:06

ARTICLES OF AMENDMENT W800 139 139 13 2 3

## TO ARTICLES OF ORGANIZATION OF

Sec. Sec.

HARD EIGHT PROPERTIES LLC		
(Name of the Limited Linblity Comp (A Florida Limited	any as it now appears on ou Liability Company)	r records.)
he Articles of Organization for this Limited Liability Company lorida document number	were filed on APRIL 1	5, 2018 and assigned
nis amendment is submitted to amend the following:	аï	
If amending name, enter the new name of the limited lial	bility company here:	
	*::	
ne new name must be distinguishable and contain the words "Limited Liab	ility Compar. " the designati	on "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	·	
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>		
	.;	w Print
. If amending the registered agent and/or registered of gistered agent and/or the new registered office address here.  Name of New Registered Agent:	office address on our retrieved to the original of the origina	records, enter the name of th
Mainte of New Registeren Agent.		
New Registered Office Address:	Enter Florida stre	et 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

Page 1 c 3

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alogs (%) to If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: 4180001391323

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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		PORT ST. LUCIE, FL 34953	☐ Remove
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		ent.	☐ Change
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