## L23000290747

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(55500555,75005)
(Document Number)
Certified Copies Certificates of Status
Consideration of Education
Special Instructions to Filing Officer:

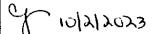


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2023 SEP 18 PH 5: 18

Office Use Only



## **COVER LETTER**

TO:

TO:	Registration Sec Division of Corp		**************************************	•
SUBJ	FCT:	HALLANI	DALE SUNSET APARTME	ENTS LLC
3013	ECT.	<del></del>	ited Liability Company	
The er	nclosed Articles of A	mendment and fee(s) are sub	mitted for filing	
		dence concerning this matter	<del>-</del>	
			Sonia Becerra	
			Name of Person	
			Swyft Filings	
		<del></del>	Firm/Company	<del></del>
			3 Greenway Plaza #1320	
			Address	<del></del>
			Houston, TX 77046	
			City/State and Zip Code	
		in <b>fo</b> @	egalcorpsolutions.com	
		E-mail address: (	to be used for future annual report no	tification)
For fu	rther information co	ncerning this matter, please c	ail:	
	Sonia Be	cerra	at ( 877 777-	0450
	Name of	Person		me Telephone Number
Enclos	sed is a check for the	e following amount:		
<b>S</b> \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address:	
	Registration S Division of Co		Registration Se Division of Co	
	P.O. Box 6327	1	The Centre of	Tallahassee
	Tallahassee, F	L 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HALLANDALE SUNSET APARTMENTS LLC

If Changing Registered Agent, Signature of New Registered Agent

pears on our ny) 06	/15/2023	_ and assigned	÷;:
06	/15/2023	_ and assigned	
y here:			
the designation	"LLC" or the abbro	eviation "L.L.C."	
			_
		· · · · · · · · · · · · · · · · · · ·	
ur records,	enter the name	of the new regi	ster
-	<u> </u>		—
		<del>-</del>	
Florida street	address		
	, Florida	Tr. C. I.	
		zip Coae	
e of my dut in Chapter	ies, and I am far 605, F.S. Or, if	miliar with and this document	t
	ar records, Florida street his capacit, e of my dut. in Chapter	er records, enter the name of Florida street address  Florida his capacity. I further agree of my duties, and I am far in Chapter 605, F.S. Or, if	

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 =	<b>Authorized</b>	Member

<u>Title</u>	Name	Address	Type of Action
		<del></del>	□ Add
			□Remove
			☐ Change
	<del></del>		□ Add
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			Change
			□Add
			□Remove
			□Change

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CC Al	leas if other than the data of fillings
mective ( an effectiv	ate, if other than the date of filing: (optional)  e 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 605.02
ote: If the	e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
ocument'	effective date on the Department of State's records.
_	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
l is filed.	
	September 7 2023
ated	·
	01//
X	Signature of a member or authorized representative of a member
	1 Separate of a manner of animotical representative of a member
	Daniel Herdean
	Typed or printed name of signee

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