

11/27/2014 14:10

11067700356

JIM SIERRA

11/27/2014

11/20/2014

Division of Corporations

L13000079066

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.

(((H14000269590 3)))



H140002695903ABC3

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 : JIM SIERRA & ASSOCIATES
Account Number : 11067700356
Phone : (305)271-7310
Fax Number : (305)271-4422

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

Email Address: Sierrataxes@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HD1 BIRCH, LLC

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

RECEIVED

14 NOV 26 AM 10:00

SECRETARY OF STATE
BUREAU OF CORPORATIONS
AND COMMERCIAL
REGISTRATION SERVICES

SECRETARY OF STATE
TAMM HASSLER, FLORIDA

14 NOV 26 AM 8:24

FILED

((H14000269590 3))
COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HD1 BIRCH, 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:

JIM SIERRA
Name of Person
JIM SIERRA & ASSOCIATES
Firm/Company
5550 SW 87 AVENUE
Address
MIAMI, FL 33165
City/State and Zip Code
sierrataxes@gmail.co
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JIM SIERRA at (**305**) **271-7310**
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

(((H14000269590 3)))
**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

HD1 BIRCH, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
14 NOV 26 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/31/2013
Florida document number L130000079066

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 "L.L.C."

Enter new principal offices address, if applicable:

5550 SW 87TH AVENUE

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33165

Enter new mailing address, if applicable:

5550 SW 87TH AVENUE

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33165

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

((H14000269590 3)))

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>
MGRM	MP SWAP	1326 SW 147TH TERRACE	<input type="checkbox"/> Add
		PEMBROKE PINES, FL 33027	<input checked="" type="checkbox"/> Remove
MGRM	HERNANDO MORALES	5550 SW 87TH AVENUE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33165	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
 14 NOV 20 11 08:21 AM
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

((H14000269590 3)))

((H14000269590 3))

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

Four horizontal lines for amending information.

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 NOVEMBER 19 2014



Signature of a member or authorized representative of a member

HERNANDO MORALES

Typed or printed name of signor

FILED
14 NOV 26 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

((H14000269590 3))