

LI3000172683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

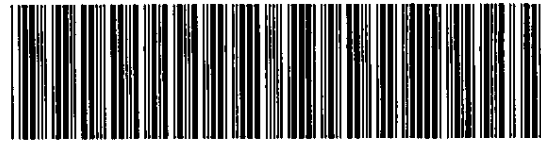
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700292137107

11/28/16--01023--017 **25.00

FILED
16 NOV 28 AM 9:44
CLERK OF SUPERIOR COURT
JAMES WASHINGTON, CLERK

T WASHINGTON
DEC 01 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HD INVESTMENTS GROUP 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:

NHUYEN DAO

Name of Person

HD INVESTMENTS GROUP LLC

Firm/Company

1319 JULIO LN

Address

ORLANDO FL 32807

City/State and Zip Code

NHUYEN31@GMAIL.COM

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

For further information concerning this matter, please call:

NHUYEN DAO

516

587-2128

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**

HD INVESTMENTS GROUP 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 12/13/2013 and assigned
Florida document number L13000172683.

FILED
16 NOV 28 AM 9:34
STATE OF FLORIDA
SUNSHINE SOLICITORS

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: 1319 JULIO LN
(Principal office address MUST BE A STREET ADDRESS) ORLANDO FL 32807

Enter new mailing address, if applicable: 1319 JULIO LN
(Mailing address MAY BE A POST OFFICE BOX) ORLANDO FL 32807

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: NHUYEN DAO

New Registered Office Address: 1319 JULIO LN
Enter Florida street address

ORLANDO, Florida 32807
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

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	TRONG HUYNH	1319 JULIO LN	<input type="checkbox"/> Add
		ORLANDO FL 32807	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 16 NOV 28 AM 9:44
 PUBLIC ACCESS DIVISION
 ORLANDO, FLORIDA

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

Multiple horizontal lines for amending information.

FILED
16 NOV 28 AM 9:44
STATE
TALLAHASSEE FLORIDA

E. Effective date, if other than the date of filing: 11/22/2016 (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 _____

NHUYEN DAO
Signature of a member or authorized representative of a member

NHUYEN DAO

Typed or printed name of signee