

L18000184935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

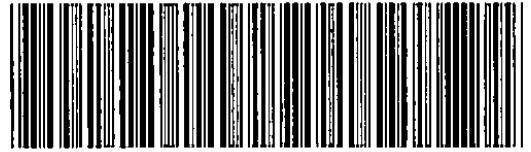
(Business Entity Name)

(Document Number)

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2020 JUN 29 PM 2:35
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

US
8/18/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HDQ INVESTMENTS, 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:

JONATHAN ASERRAF

Name of Person

Firm/Company

20200 WEST DIXIE HIGHWAY, SUITE 902

Address

AVENTURA, FLORIDA 33180

City/State and Zip Code

JA@OFFIXSOLUTIONS.COM

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JONATHAN ASERRAF

305 799-1576

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

HDC INVESTMENTS 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 08/02/2018 and as Florida document number L18000184935.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Standard America LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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FILED
STATE
CORPORATE

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new 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

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of</u>
_____	_____	_____	<input type="checkbox"/> Adm
_____	_____	_____	<input type="checkbox"/> Rer
_____	_____	_____	<input type="checkbox"/> Cha
_____	_____	_____	<input type="checkbox"/> Adm
_____	_____	_____	<input type="checkbox"/> Rer
_____	_____	_____	<input type="checkbox"/> Cha
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_____	_____	_____	<input type="checkbox"/> Cha
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_____	_____	_____	<input type="checkbox"/> Rer
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_____	_____	_____	<input type="checkbox"/> Rer
_____	_____	_____	<input type="checkbox"/> Cha
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_____	_____	_____	<input type="checkbox"/> Rer
_____	_____	_____	<input type="checkbox"/> Cha

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STATE OF FLORIDA
TALLAHASSEE

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

WE ARE ONLY CHANGING THE COMPANY NAME.

NEW NAME: Standard America LLC

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STATE OF MISSISSIPPI

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 60

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 JUNE 23RD, 2020

DARCI WELTER
Signature of a member or authorized representative of a member

DARCI WELTER
Typed or printed name of signee