

L20000366970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

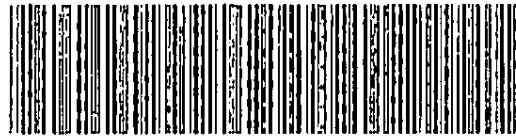
(Business Entity Name)

(Document Number)

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**FILED**  
**Nov 27, 2023 08:00 AM**  
**Secretary of State**

*ML*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 26, 2023

SONYA HYDE  
4846 N UNIVERSITY DRIVE  
SUITE 521  
LAUDERHILL, FL 33351

**FILED**  
**Nov 27, 2023 08:00 AM**  
**Secretary of State**

SUBJECT: HYDE'S SOLUTIONS LLC  
Ref. Number: L20000366970

We have received your document for HYDE'S SOLUTIONS LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Profit Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett  
Regulatory Specialist II

Letter Number: 123A00024950

10/27/23 10:00 AM

**COVER LETTER**

TO: **Registration Section  
Division of Corporations**

SUBJECT: HYDE'S SOLUTIONS 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:

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Nov 27, 2023 08:00 AM  
Secretary of State**

SONIA HYDE  
Name of Person  
HYDE'S SOLUTIONS LLC  
Firm/Company  
4846 N. UNIVERSITY DRIVE, SUITE 521  
Address  
LAUDERHILL, FL 33351  
City/State and Zip Code  
HYDESSOLUTIONSLLC@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SONIA HYDE at 239 692-0652  
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

NOV 27 10 08 AM '23

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

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Nov 27, 2023 08:00 AM  
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HYDE'S SOLUTIONS 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 12/03/2020 and assigned  
Florida document number L200000366970.

This amendment is submitted to amend the following:

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

N/A

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:

4846 N. UNIVERSITY DRIVE, SUITE 521

(Principal office address MUST BE A STREET ADDRESS)

LAUDERHILL, FL 33351

Enter new mailing address, if applicable:

4846 N. UNIVERSITY DRIVE, SUITE 521

(Mailing address MAY BE A POST OFFICE BOX)

LAUDERHILL, FL 33351

**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

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	JORDAN MARTIN	4846 N. UNIVERSITY DRIVE, SUITE 521 LAUDERHILL, FL 33351	<input checked="" 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
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			<input type="checkbox"/> Change

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

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21 11:03


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 605.0207 (3)(b)

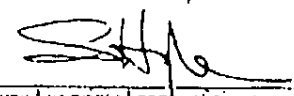
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 11/10/2023

X   
Signature of a member or authorized representative of a member

SONIA HYDE

  
Typed or printed name of signer