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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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JUL 21 2015

S. YOUNG

COVER LETTER

TO: Registration Se Division of Cor		•	
	LOPMENT GROUP, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub ondence concerning this matter		
	Nelson Carmenates		
		Name of Person	
	Carmenates Law Firm		
	144///	Firm/Company	N. (849)
	1300 NW 84 Ave		
		Address	
	Doral, Fl 33126		
		City/State and Zip Code	
	nelson@dacalaw.com	to be used for future annual report notific	ention S
For further information c	oncerning this matter, please co		anon)
Nelson Carmenates		786 999 6472 at ()	
Name o	f Person		Telephone Number
Enclosed is a check for the	he 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)
	ING ADDRESS: ration Section	STREET/COURIE Registration Section	R ADDRESS:

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HM DEVELOPMENT GROUP, LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our re da Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability	Company were filed on 08/30/2012	and assigned
Florida document number L12000111803	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	· <u></u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		20 m
		THE BE
		हुई प्र
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		ords, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	11
	enter r torida street ac	uuress
	City	, Florida
	City	rib cone

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>	Type of Action
MGR	Carlos Manuel Hicher Ramos	14075 SW 143 CT #2	≅ Add
		Miami, FL 33186	□ Remove
			□ Change
MGR	Guillermo Enrique Galicia	14075 SW 143 CT #2	
		Miami, FL 33186	□ Remove
			□ Change
		•	☐ Add
			□ Remove
			Change
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		57			3 <u>7</u> &	_
Signa	ture of a member of	or authorized repre	sentative of a men	ıber	크로 유	1

Page 3 of 3

Filing Fee: \$25.00