

Dec. 8. 2015 6:28PM

L0400000847

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : TRANSACTION ADVISORS  
Account Number : I20150000097  
Phone : (305)274-8200  
Fax Number : (305)273-3131

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

Email Address: MANN4@ARVBSU.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
HCD DEVELOPERS, LLC

Certificate of Status	0
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Page Count	03
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 DEC -9 AM 8:58

FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 DEC -9 AM 9:23

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Dec. 8. 2015 6:28PM

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

**FILED**  
HIS NO. 4540-24175  
2015 DEC -9 AM 8:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

HCD DEVELOPERS 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 01/06/2004 and assigned  
Florida document number L04000000847.

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:

(Principal office address MUST BE A STREET ADDRESS)

200 S ANDREWS AVENUE

SUITE 703-B

FT LAUDERDALE, FL 33301

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

200 S ANDREWS AVENUE

SUITE 703-B

FT LAUDERDALE, FL 33301

**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:

ENRIQUE J. ALVAREZ

New Registered Office Address:

1290 CAMELLIA LN

*Enter Florida street address*

WESTON

*City*

Florida 33326

*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

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If and Dec. 8, 2015 6:29 PM on(s) authorized to manage, enter the title, name, and address on No. 4540: rso P. 3 ing 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	LUIS HERNANDEZ	1914 CEDAR COURT	<input type="checkbox"/> Add
		WESTON, FL 33327	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARTHA HERNANDEZ	1914 CEDAR COURT	<input type="checkbox"/> Add
		WESTON, FL 33327	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

NOV 1967 OF STA  
TALLAHASSEE, FLOR

STANDARD

2015 DEC -9 AM 8:58

THE

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

ENRIQUE ALVAREZ, MANAGER

Typed or printed name of signee

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