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C. LEWIS SEP 3 0 2010 EXAMINER

COVER LETTER

TO:	Registration Section Division of Corpor	on rations		, •	
			e HMD, LLC		
			ed Liability Company		
The am	t	andment and foo(s) are sub-	witted for filing		
		endment and fee(s) are sub	-		
Please	return all corresponde	ence concerning this matter t	to the following:		
			Irv J. Lamel		
Name of Person					
	Law Office of Irv J. Lamel				
	Firm/Company				
	2541 SW 27 Ave., Suite 300				
			Address		
Miami, FL 331			Miami, FL 33133		
City/State and Zip Code					
	E-mail address: (to be used for future annual report notification)				
For fu	rther information conc	erning this matter, please ca	ılı:		
		J. Lamel	at (_305_)	443-5212	
	Name of Pe	rson	Area Code & Daytir	ne Telephone Number	
Enclos	sed is a check for the f	ollowing amount:			
\$25	5.00 Filing Fee [\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$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 **CT** ARTICLES OF ORGANIZATION **OF**

FILED

2010 SEP 29 PM 1 27

	Ultimate HMD, LLC	SECRETARY OF STATE	
(Name of the Limited	d Liability Company as it now app A Florida Limited Liability Compan	ears on our records. ALLAMASSEE FLORIDA y)	
The Articles of Organization for this Limited L		November 14, 2005 and assigned	
Florida document numberL0500010	9991		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, <u>enter the new name c</u>	of the limited liability company l	here:	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Cor	npany," the designation "LLC" or the abbreviation	
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		_ _	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
	 		
B. If amending the registered agent and registered agent and/or the new registered of		n our records, enter the name of the new	
Name of New Desistered Accept			
Name of New Registered Agent:			
New Registered Office Address:	<u>-</u>	Enter Florida street address	
	Enter Florida Street address		
	City	, Florida Zip Code	
New Registered Agent's Signature, if changing	•	zip Coae	
ton respected when a pignituie, it flightill	registered regette		

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action Title <u>Name</u> <u>Address</u> MGR Felipe Lorie 6355 NW 36th Street, Suite 604 ☐ Add Virginia Gardens, FL 33166 Remove ☐ Add Remove ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 28 2010 Dated_ Signature of a member or authorized representative of a member Irv J. Lamel Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00