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COVER LETTER

• Division of Cor	hotations		
SUBJECT: HD Cat	oital Consultants		e
, , , , , , ,	(Name of Limi	ted Liability Company)	
			·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	David Valentine		
		(Name of Person)	
	HD Capital Consultants		
		(Firm/Company)	
	8866 134th Street North		
•		(Address)	
	Seminole, FL 33776		<u> </u>
		(City/State and Zip Code)	
For further information c	concerning this matter, please ca	all:	
David Valentine		at (727) 641-5980	
(Name	of Person)	(Area Code & Daytime T	'elephone 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)

MAILING ADDRESS:

Registration Section

TO:

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 TO ARTICLES OF ORGANIZATION OF

HD Capital Consultants		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company		
Florida document number L08000041303		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	8866 134th Street North	
(Principal office address MUST BE A STREET ADDRESS)	Seminole, FL 33776	
Enter new mailing address, if applicable:	8866 134th Street North	
(Mailing address MAY BE A POST OFFICE BOX)	Seminole, FL 33776	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		
Name of New Registered Agent:		
New Registered Office Address:	E B NO	
Nogration of the frames.	(Enter Florida street address)	
	, Florida	
	(City) Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:	<u> </u>	
	<u> </u>	

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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Type of Action** <u>Title</u> <u>Address</u> <u>Name</u> MGR Heidi Cohen 750 4th Avenue S. #705 ■ Add Remove St. Petersburg, FL 33701 ☐ Add Remove ☐ Add Remove ☐ Add Remove ☐ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 10/28/2008 Signature of a member or authorized representative of a member **David Valentine** Typed or printed name of signee

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Filing Fee: \$25.00