

L09 0000410Z4

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

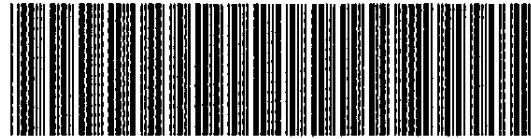
(Document Number)

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11 AUG - 8 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HID - Capital 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:

Maribel Olivares
Name of Person

HID Capital LLC
Firm/Company

1475 - W 46th. Apt 522
Address

Hialeah FL - 33012
City/State and Zip Code

MARYSS Travels @ Yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maribel Olivares at 305, 362 46006
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

HID Capital 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 04-28-09 and assigned
Florida document number LD9000041024

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 end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

MARIBEL OLIVARES

New Registered Office Address:

1475 - W 4th St Apt 522

Enter Florida street address

MIAMI

Florida

33012

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 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.

[Signature]
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:

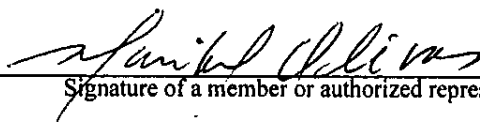
MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
P	Maribel Olivares	1475-W 46 St. Apt 522 Hialeah FL- 33012	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
mgr	Katherine Tamames	1475-W 46 St. Apt 522 Hialeah FL- 33012	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Sec	Zoraida Olivares	1475-W 46 St. Apt 522 Hialeah FL- 33012	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
	Nidia Rujana	13240-SW 83ct. MIAMI FL- 33156	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
mgr	nidia Rujana	13240-SW 83ct. MIAMI FL- 33156	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
mgr	Luis F. Escorcia	13240-SW 83ct. MIAMI FL 33156	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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

Dated 08/05/2011, _____.



Signature of a member or authorized representative of a member

Typed or printed name of signee