

L09000111740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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10 JUL -1 AM 11:45
TALLAHASSEE, FLORIDA

S. HAWKES
JUL 2 2010
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HDC CONSTRUCTION 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:

JANENDRA GAUTAM

Name of Person

HDC CONSTRUCTION LLC

Firm/Company

P.O. BOX 584

Address

CAPE CANAVERAL, FLORIDA 32920

City/State and Zip Code

GAUTAMJ@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JANENDRA GAUTAM

Name of Person

at (321)

302.1258

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**

HDC CONSTRUCTION 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 11/15/2009 and assigned
Florida document number L09000111740.

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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.

If Changing Registered Agent, Signature of New Registered Agent

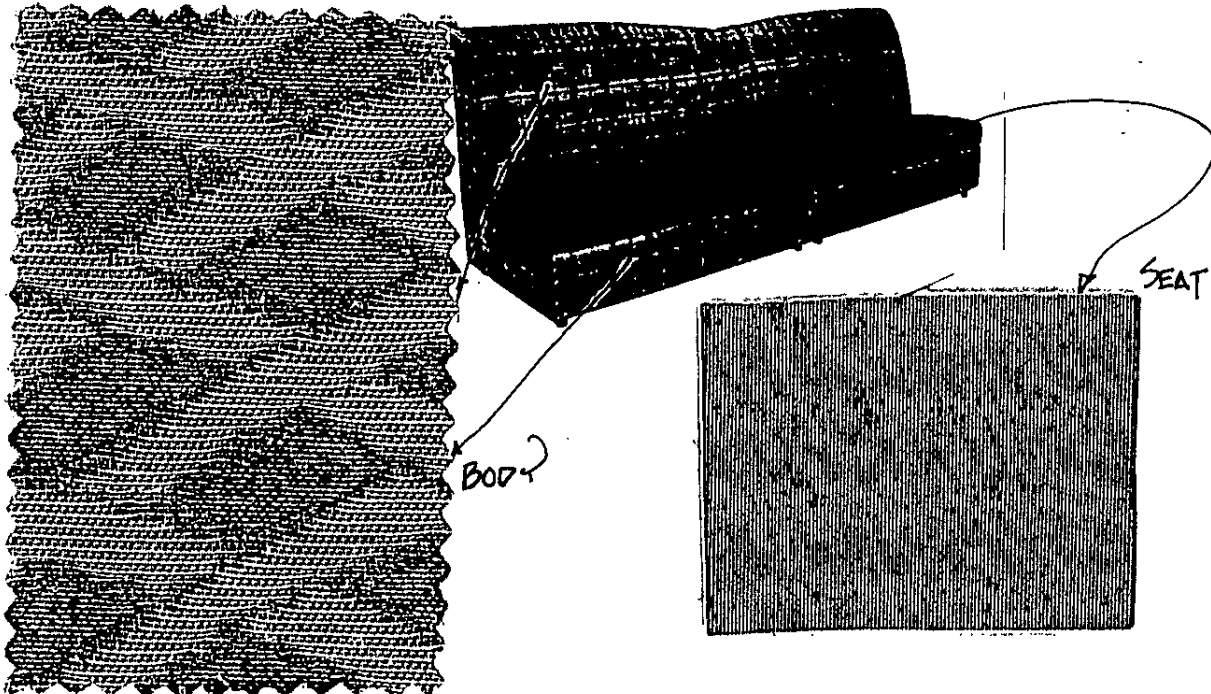
HAMPTON INN SUITES:
LEAGUE CITY, TX.
PUBLIC AREA- UPHOLSTERY

ITEM: PUBLIC AREA- BREAKFAST AREA BANQUETTE
TAG: UPH-207
SOURCE: BROOKLINE
MODEL: # 126-ST-300
DIM: 122"W X 47.5"H X 36"D/ SH: 19"
FINISH: PREMIUM- BLACK SATIN
UPH: PRIMARY UPHOLSTERY (FABRIC FOR BODY OF BANQUETTE)
HUNTER DOUGLAS HOSPITALITY (STACY GARCIA)
PATT: CONGO
COLOR: # 6 GREEN APPLE
COLLECTION: LATITUDE
DESC: 57% POLY/ 29% COTTON/ 14% RAYON/ ACRYLIC BACKING AND NANO-
TEX/ 54"W/ VR: 25"/ HR: 13.5"/ 30,000 DBLR/ CAL 117/ NFPA 260

SECONDAY UPHOLSTERY (FABRIC FOR SEAT CUSHIONS OF BANQUETTE)
SCOTT FABRICS
PATT: BOTTLE ROCKET
COLOR: PERSIMMON
COLLECTION: FIREWORKS VOL 1
DESC: 54"W/ SOLID- NO REPEAT/ 100% POLYURETHANE/ 100,000 DBLR/
CAL 117/ NFPA 260

MISC: TIGHT BODY/TWO LOOSE REVERSIBLE SEAT CUSHIONS/ WOOD FEET/
FOAM CORE WITH 1.25 OZ/ THERMA FIBRE WRAP/ CAL 117/ SOLID
HARDWOOD FRAME- GLUED, SCREWED , DOUBLE-DOWELED AND CORNER
BLOCKED

QUANTITY: 1



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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JANENDRA GAUTAM	P.O.BOX 584	<input type="checkbox"/> Add
		CAPE CANAVERAL, FLORIDA 32920	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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

Dated 26TH JULY, 2010.

Signature of a member or authorized representative of a member

JANENDRA GAUTAM

Typed or printed name of signee

HAMPTON INN SUITES:
LEAGUE CITY, TX.
PUBLIC AREA- UPHOLSTERY

AREA: PUBLIC AREA- BUSINESS CENTER LOW BACK ERGONOMIC CHAIRS
TAG: UPH-211A
SOURCE: KELLEX
MODEL: # ER06504-LP ERGONOMIC CHAIR (LOW BACK)
DIM: 21.75"W X 24.5"D X 35.75"-38.75"H/ SH: 18-21"/ AH: 26-29"
FINISH: CHROME
UPH: ONLY AVAILABLE IN BLACK VINYL
DESC: CHANNEL QUILTED SEAT/ CHROME & BLACK ARMS/ CHROME 5 STAR BASE/
BLACK CASTERS/ PNEUMATIC LIFT/ 1.8 FOAM CORE WITH 1.25 OZ THERMA
FIBRE WRAP/ CAL 117

QUANTITY: 2

