

L11000098891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

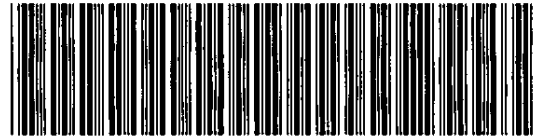
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: HUID 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:

Name of Person  
**Glades Corporate Services LLC**  
Firm/Company  
**1940 Wilson Street**  
Address  
**Hollywood, FL 33020**  
City/State and Zip Code  
**ediaz@gladescs.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Elena Diaz** at (**754**) **423-0558**  
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



If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being 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>
MGRM	Walter Tojo	290 NW 165th Street PH5 Miami, FL 33169	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Claudia Cabral	290 NW 165th Street PH5 Miami, FL 33169	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Glades Corporate Services, LLC	1940 Wilson Street Hollywood, FL 33020	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

N/A

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 17<sup>th</sup>, 2014

  
Signature of a member or authorized representative of a member

Walter TOJO

Typed or printed name of signer

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Filing Fee: \$25.00

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