## 111000132080

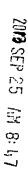
| (Requestor's Name)       |                 |             |  |  |
|--------------------------|-----------------|-------------|--|--|
| (Address)                |                 |             |  |  |
| (Address)                |                 |             |  |  |
| (City/State/Zip/Phone #) |                 |             |  |  |
| PICK-UP                  | ☐ WAIT          | MAIL MAIL   |  |  |
| (Business Entity Name)   |                 |             |  |  |
| (Document Number)        |                 |             |  |  |
| Certified Copies         | _ Certificates  | s of Status |  |  |
| Special Instructions to  | Filing Officer: |             |  |  |
|                          |                 |             |  |  |
|                          |                 |             |  |  |

Office Use Only



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J. SAULSBERRY EXAMINER SEP 2 7 2013

## **COVER LETTER**

TO: Registration Section
Division of Corporations

BJECT: H.D. Technologies, 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:

Stephen Perisho

Name of Person

Hunter Donaldson, LLC

Firm/Company

3060 Saturn St. Suite 202

Address

Brea, CA 92821

City/State and Zip Code

sperisho@hdonaldson.org

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

For further information concerning this matter, please call:

Stephen Perisho

<u>,,,</u>562,501-1115

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

| H.D. Technologies, LLC   |  |                    |          |         |
|--|--|--------------------|----------|---------|
| ( <u>Name of the Limited Liabili</u><br>(A Florida   | ty Company as it now appears on our reco<br>Limited Liability Company) | ords.)             | _        |         |
| The Articles of Organization for this Limited Liability  | Company were filed on November 18                                      | 3, 2011 and        | assigne  | d       |
| Florida document number L11000132080   | -  |                    |          |         |
|  | ·  |                    |          |         |
| This amendment is submitted to amend the following:  |  |                    |          |         |
| A. If amending name, enter the new name of the lin   | nited liability company here:  |                    |          |         |
| TPL Technologies, LLC  |  |                    |          |         |
| The new name must be distinguishable and end with the would be used. L.L.C."                     | _  |                    |          |         |
| Enter new principal offices address, if applicable:  | PRESS)   | <u> </u>           | 201      |         |
| (Principal office address MUST BE A STREET ADD   | RESS)  |                    | <u>∞</u> |         |
|  |  |                    |          | · · · · |
|  |  |                    | က်       | ţ .     |
| Enter new mailing address, if applicable:  |  | · · ·              | <u> </u> | •       |
| (Mailing address MAY BE A POST OFFICE BOX)   |  | يوائي<br>الجمعة وج | Ċ        |         |
|  |  |                    | 7        |         |
| B. If amending the registered agent and/or registered agent and/or the new registered office add |  | enter the nam      | e of the | e new   |
| Name of New Registered Agent:  |  |                    |          |         |
| New Registered Office Address:   |  |                    |          |         |
|  | Enter Florida st   | treet address      |          |         |
|  |  | orida              |          |         |
|  | City   | Zip C              | ode      |         |

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 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>                           | Address              | Type of Action |
|--------------|---------------------------------------|----------------------|----------------|
| MGRM         | Tim Carda                             | 178 Bayside Dr.      | Add            |
|              |                                       | Clearwater Beach, FL | Remove         |
|              |                                       | 33767                |                |
|              |                                       |                      | Add            |
|              |                                       |                      | l4             |
|              |                                       | · · ·                | Remove         |
|              |                                       |                      | Add            |
|              | · · · · · · · · · · · · · · · · · · · |                      | Remove         |
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|              |                                       |                      |                |
|              |                                       |                      | Add            |
|              |                                       |                      | Remove         |
|              |                                       |                      |                |

| ). If amending any other information, ente | er change(s) here: | (Attach additional sheets,            | if necessary.) |
|--|--------------------|---------------------------------------|----------------|
|  |                    | <del></del>                           |                |
|  |                    |                                       |                |
|  |                    |                                       |                |
|  |                    |                                       | · · · ·        |
|  |                    |                                       |                |
| September 20                               | 2013               | · · · · · · · · · · · · · · · · · · · |                |
| Should.                                    | ·                  |                                       |                |
| Signature of a                             | member or authoriz | ed representative of a memb           | er             |
| Stephen Perisho                            |                    |                                       |                |
|  | Typed or printed a | name of ciange                        |                |

Page 3 of 3

Filing Fee: \$25.00

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