## L13000020224

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(Requestor's Name)	
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(City/State/Zip/Phone #)	_
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PICK-UP WAIT MAIL	
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## **COVER LETTER**

TO: Registration Section
Division of Corporations

Tallahassee, FL 32314

HDMH LL	C		
SU <b>BJEC</b> T:	Name of Limi	ted Liability Company	<del> </del>
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter (	to the following:	
	Adlin Auffant		
		Name of Person	
	HDMH LLC	<b></b>	
		Firm/Company	
	3550 S Ocean Blvd - Unit 3	BD	
		Address	<del></del>
	Palm Beach FL 33480		
		City/State and Zip Code	
	hdmhllc@gmail.com		
	E-mail address: (	to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	ication)
Adlin Auffant	•	631 827-2237	ි. යා
		at ()	, · · . 👝
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		<b>□</b>
■ \$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 Addre	<del></del>	Street Address:	ation.
Registration Section		Registration Sec Division of Cor	
Division of Corporations P.O. Box 6327		The Centre of T	

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on our record liability Company)	ds.)
The Articles of Organization for this Limited L L13000020224	iability Company	were filed on 2/8/2013	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
he new name must be distinguishable and contain the v	words "Limited Liabi	lity Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	3550 S Ocean Blvd	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRE		Unit 3D	023
Trincipul office address most beright		Palm Beach FL 33480	77 D
			3 <del>w</del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3550 S Ocean Blvd	
		Unit 3D	
		Palm Beach FL 33480	
3. If amending the registered agent and/or agent and/or the new registered office address.		address on our records, <u>enter</u>	r the name of the new regist
Name of New Registered Agent:	3550 S Ocean I	RIvd Unit 3D	
New Registered Office Address:	John o Coudin	Enter Florida street addre	355
	Palm Beach	_	334 <b>8</b> 0 Torida
		, r Citv	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 605, 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Adlin Auffant	3550 S Ocean Blvd Unit 3D	
		Palm Beach FL 33480	□Remove
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). If amer	ding any other information, enter change(s) here: (Attach additional sheets, if necess	ary.)		
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Note:	ve date, if other than the date of filing:	ling.) Pursuar	it to 605 be liste	.0207 (3)(b ed as the
If the record	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) ed.	The 90th d	ay afte	r the
	March 1, 2023	ان تات	202	
Dated		; ;	2023 HAR 30	Mary and a
	and when the same		<del>2</del> 2	म् कारकार म कारकार - गु
	Signature of a member or authorized representative of a member	- <del>13.1</del> 20.00		; } } }
	ADLIN AUFFANT	1. Si	:6 HV	
	Typed or printed name of signee		<del>:</del>	- <b></b> -