L13000027443

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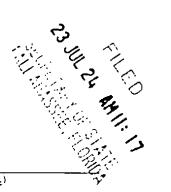


COVER LETTER

TO:	Registration Se Division of Cor			ş:
OUNTE		A & GS LLC		
SUBJEC	CT:		ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
			Adriana Mendez	
			Name of Person	
		TAX SC	LUTIONS & BOOKKEPING	
			Firm/Company	
		7751 KI	NGSPOINTE PKWY STE 119	
			Address	<u></u>
		ORL	ANDO, FL 32819	
			City/State and Zip Code	
			s100@gmail.com	
		E-mail address: (to be used for future annual report notification	i)
For furth	ner information c	oncerning this matter, please o	all:	
Adr	iana Mendez		at (407) 930-0829	
	Name o	f Person	Area Code Daytime Telep	hone Number
Enclosed	d is a check for th	ne 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 Addres Registration S		Street Address: Registration Section	
	Division of C	orporations	Division of Corporat	
	P.O. Box 632 Tallahassee, I		The Centre of Tallah 2415 N. Monroe Stro	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



LUZMA & GS 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 <u>02/19/2013</u>

Florida document number L13000027443

This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabi	ity company here:		
HD2 OAK LLC				
The new name must be distinguishable and contain the w	ords "Limited Liabili	ty Company," the designa	ttion "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applica	able:	1321 SW 147TH TER	RACE PEMBROK	E PINES, FL 33027
(Principal office address MUST BE A STREE)	T ADDRESS)			
Enter new mailing address, if applicable:		1321 SW 147TH TEI	RRACE PEMBROE	KE PINES, FL 33027
(Mailing address MAY BE A POST OFFICE I	<u>80X)</u>			
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:			is, <u>enter the nan</u>	ne of the new registered
New Registered Office Address:	1321 SW 147TH	TERRACE		
	Enter Florida street address			
	РЕМ	BROKE PINES City	Florida	33027
		City	_	Zip Code
New Registered Agent's Signature, if changing R	egistered Agent:			
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the r company has been notified in writing of this o	er and complete p stered agent as p registered office o	performance of my c rovided for in Chap	hities, and Lam ter 605, F.S. Or,	familiar with and if this document is

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

ž

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR_	JC PLAST INC	1321 SW 147 Terrace Pembroke Pines, FL 33027	∭Add
			□Remove
			□Change
			🖸 Add
			□Remove
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			ma.

(If an et Note:	ive date, if other than the date of filing:
f the recorecord is f	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
	A 0 0 1 0
Dated	In the company

Typed or printed name of signee