

L13000027443

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(Document Number)

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SEC. OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LUZMA & GS 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:

Adriana Mendez

Name of Person

TAX SOLUTIONS & BOOKKEPING

Firm/Company

7751 KINGSPONTE PKWY STE 119

Address

ORLANDO, FL 32819

City/State and Zip Code

taxes.solutions100@gmail.com

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

For further information concerning this matter, please call:

Adriana Mendez

at (407) 930-0829

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
23 JUL 24 AM 11:17
CLERK OF STATE
TALLAHASSEE, FLORIDA

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 02/19/2013 and assigned Florida document number L13000027443.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

HD2 OAK LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1321 SW 147TH TERRACE PEMBROKE PINES, FL 33027

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

1321 SW 147TH TERRACE PEMBROKE PINES, FL 33027

(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: JAVIER MORALES

New Registered Office Address: 1321 SW 147TH TERRACE

Enter Florida street address

PEMBROKE PINES

City


Florida

33027

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>	<u>Type of Action</u>
AMBR	JC PLAST INC	1321 SW 147 Terrace Pembroke Pines, FL 33027	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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