

11/27/2014 14:10

11067700356

JIM SIERRA

11/27/2014

11/20/2014

Division of Corporations

# L13000079066

## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : JIM SIERRA & ASSOCIATES  
Account Number : 11067700356  
Phone : (305)271-7310  
Fax Number : (305)271-4422

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: Sierrataxes@gmail.com

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HD1 BIRCH, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

14 NOV 26 AM 10:00

STATE OF FLORIDA  
BUREAU OF COMMERCIAL  
REGISTRATION SERVICES

SECRETARY OF STATE  
TAMM HAMPTON, FLORIDA

14 NOV 26 AM 8:24

FILED

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: HD1 BIRCH, 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:

**JIM SIERRA**  
Name of Person  
**JIM SIERRA & ASSOCIATES**  
Firm/Company  
**5550 SW 87 AVENUE**  
Address  
**MIAMI, FL 33165**  
City/State and Zip Code  
**sierrataxes@gmail.co**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**JIM SIERRA** at ( **305** ) **271-7310**  
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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

HD1 BIRCH, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/31/2013  
Florida document number L130000079066

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

5550 SW 87TH AVENUE

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33165

Enter new mailing address, if applicable:

5550 SW 87TH AVENUE

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33165

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

*City*

*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

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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	MP SWAP	1326 SW 147TH TERRACE	<input type="checkbox"/> Add
		PEMBROKE PINES, FL 33027	<input checked="" type="checkbox"/> Remove
MGRM	HERNANDO MORALES	5550 SW 87TH AVENUE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33165	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 TALLAHASSEE, FLORIDA

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

Four horizontal lines for amending information.

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 NOVEMBER 19 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

**HERNANDO MORALES**

Typed or printed name of signor

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TALLAHASSEE, FLORIDA

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