

L13000086976

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 : 110677000356
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

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14 NOV 26 PM 4:49
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

HD3 CYPRESS, LLC

RECEIVED
14 NOV 26 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

Certificate of Status	0
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DEC 01 2014

S. YOUNG

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HD3 CYPRESS, 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)

14 NOV 26 PM 4:43
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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**

HD3 CYPRESS, 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 06/17/2013 and assigned Florida document number L130000086976.

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:

(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:

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

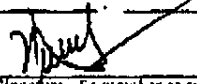
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 signee

FILED
14 NOV 26 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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