

L13000102922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

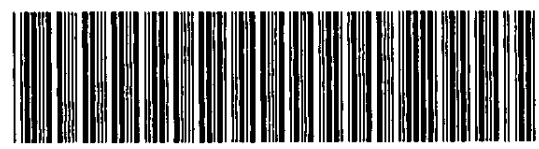
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
Amend

Office Use Only



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08/08/13--01024--015 **25.00

2013 AUG -8 AM 9:32
STATE

J. SAULSBERRY
EXAMINER

AUG 09 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HMD LIKE US 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:

DAVID HALIMI

Name of Person

HMD LIKE US LLC

Firm/Company

700 E DANIA BEACH BLVD #202

Address

DANIA FL 33004

City/State and Zip Code

DAVID.HALIMI@HOTMAIL.FR

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

For further information concerning this matter, please call:

DAVID HALIMI

Name of Person

at (**786 389-2087**)

Area Code & Daytime Telephone Number

2013 AUG -8 AM 8:32
CORPORATION

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

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

HMD LIKE US 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 07/19/2013 and assigned Florida document number L13000102922.

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:

(Principal office address MUST BE A STREET ADDRESS)

20440 NE 15 COURT

MIAMI, FL 33179

USA

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

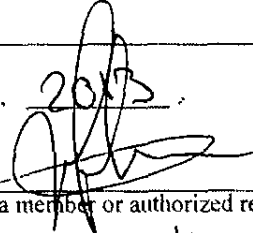
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input checked="" type="checkbox"/> 2013 AUG - 8 Remove
		_____	<input checked="" type="checkbox"/> 17 8: 82 Add
		_____	<input checked="" type="checkbox"/> 22 Remove

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		_____	<input type="checkbox"/> Remove

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

Dated 08/07/

2013


Signature of a member or authorized representative of a member

DAVID HALIMI

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 AUG -8 AM 8:32
STATE
OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA