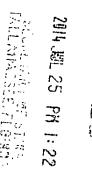
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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL.
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	_
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Office Use Only



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COVER LETTER

Division of Cor					
SUBJECT:	HDD Designs				
	Namoo Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		Hilda Diaz			
	.15	Name of Person		2814	
	H DI) Designs		2014 JEL 25	-
		Firm/Company		25 1000	1
	10924 Sum	mertin. Dr.		PH N	
	Riverview,	Cl. 33579		22	
	hagai az @	City/State and Zip Code (C) (C) to be used for future annual report notifications.	cation)		
For further information c	oncerning this matter, please c	all:			
Hilda	Diaz	at (<u>8B</u>) 410-	3747		
Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	

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

HDD Design	ς
(Name of the Limited Liability Company as it sow (A Florida Limited Liability Com	v appears on our records.) npany)
The Articles of Organization for this Limited Liability Company were filed Florida document number 13000 1389 12.	$\frac{10}{2}$ 2013 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	pany here:
	28
The new name must be distinguishable and end with the words "Limited Liability Compa	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	City B
	Ser T
Enter new mailing address, if applicable:	الحدة الماء على الماء
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office adding registered agent and/or the new registered office address here:	ress on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	enter Florida street address
	, Florida
City	

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 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 = Ma $AMBR = Au$	anager athorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Hilda Diaz	10924 Summerton Dr.	D Add
		10924 Summerton Dr. Riverview, Pl. 33679	□ Remove
AMBR	Stanly Acosta	10924 Summerton Dr. Riverview, A. 33579	
	O	Riverview, A. 33579	□ Remove
			2014 Jan 25
			Remove Re
			☐ Remove
			Add
			□ Remove
			Add
			Remove

ffective date, if other than	the date of filing:	(optional)
he effective date must be specific, he date this document is filed by the	cannot be prior to date of receipt or filed date and cannot	t be more than 90 days after
Dated July 21	<u> 2019</u> .	
	Signature of a member of authorized representati	"·1 N.
	Typed or printed name of signee	TI WAY
		会か 運 公司 2
		25 Sept. 10
		The Part of the Pa
		<u>의</u> 국: 제

Page 3 of 3

Filing Fee: \$25.00