115000025364

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| Office Use Only |
| |



05/23/13--01011--030 ++25.00



T GLASS

| | | COVER LETTER | |
|--------------------------------------|--|--|---|
| TO: Registration S Division of Co | ection porations | - · · · · | 3 |
| ¢ | STMENT, L.L.C | | ř |
| SUBJECT: | | nited Liability Company | |
| ~ | | | |
| | Amendment and fee(s) are sub | - | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | HUMBERTO DIAZ | | |
| | · | Name of Person | |
| | 3HD INVESTMENT, L.L | .C | 2019 |
| | <u>-</u> | Firm/Company | FILL 2019 HAY 23 |
| | 9600 NW 25TH ST, SUIT | Е 6D | FILL 23 |
| | | Address | |
| | DORAL, FL, 33172 | | |
| | | City/State and Zip Code | |
| | HUMBERTOJOSEDIAZ@ | GMAIL.COM (to be used for future annual report notification) | |
| For further information o | concerning this matter, please or | | |
| HUMBERTO DIAZ | enerring ine mater, preuse e | | |
| | of Person | at () | |
| | | Area Code Daytime Telepho | ne Number |
| Enclosed is a check for the | he 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) |
| Regisu Divisio P.O. B | ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314 | STREET/COURIER ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ | |

| ARTICLES OF A | | |
|---|---|-----------------------|
| ARTICLES OF O | - | |
| 0 | | |
| | | |
| 3HD INVESTMENT, L.L.C | | |
| (<u>Name of the Limited Liability Compar</u> (A Florida Limited L | iability Company) | |
| The Articles of Organization for this Limited Liability Company | were filed on <u>02/10/2015</u> | and assigned |
| Florida document number L15000025364 | | _ |
| This amendment is submitted to amend the following: | | |
| | | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | |
| ML | | |
| The new name must be distinguishable and contain the words "Limited Liabili | ty 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) | | 2019 |
| | | |
| | | 2 2 |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | · | |
| | · | |
| B. If amending the registered agent and/or registered of | fice address on our records, <u>ente</u> | er the name of the ne |
| 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:

۰.

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

. `

۰.

| <u>Title</u> <u>Name</u> | | Address | Type of Action |
|--------------------------|----------|---------|----------------|
| | | | |
| | | | C Remove |
| | | | Change |
| | | | 🖸 Add |
| | | | Remove |
| | | | |
| | | | |
| | | | Add |
| | | | Remove |
| | | | Change |
| | <u> </u> | | Add |
| | | | Remove |
| | | | Change |
| | | | 🗋 Add |
| | | | Remove |
| | | | Change |

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

.

• •

| <u> </u> | | | | | | _ |
|---|---|--|--------------------------|--|------------------------|-------------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | _ |
| | | | | | | _ |
| | | | | | | - 2 |
| | | | <u> </u> | | | al 6 0 |
| | | · · · · · | | - <u></u> | | 15Y 2 |
| | <u> </u> | | | | | $\omega = \frac{1}{2}$ |
| | | | | | | |
| | ·· | | · | | | ק. י |
| <u> </u> | | | | | | _ |
| <u>_</u> _ | <u> </u> | | | | | _ |
| | | . | | <u> </u> | <u> </u> | _ |
| <u>_</u> . | | | | | | |
| | | | | | | _ |
| f an effective date is li Note: If the date in | ther than the date o sted, the date must be spec serted in this block doe e date on the Departme | cific and cannot be pri- is not meet the appl | cable statutory filin | ore than 90 days after g requirements, this | filing.) Pursuant to 6 | 05.0207 (3)(b) sted as the |
| | | | | | | |
| e record specifi The 90th day | es a delayed effec after the record is | tive date, but n filed. | ot an effective t | ime, at 12:01 a | i.m. on the ear | lier of: |
| | | | | | | |

HUMBERTO DIAZ VALERO

Typed or printed name of signee

presentative of a member

Signature of a member or author

Page 3 of 3

Filing Fee: \$25.00