

L15000168751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PO BOX

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MAIL

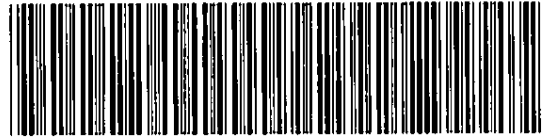
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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2021 MAY 18 PM 4:28

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3 AM 10:19

ALLAHASSEE, FLORIDA
STATE OF FLORIDA
SUSAN E. FL

MAY 11 2021

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP:

Danny

5/18



CERTIFIED COPY



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CUS



FILING

LLC Amend

1.

Hydrada Consulting LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HYDRADA CONSULTING 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:

JAMES PIERRE LOUIS

Name of Person

HYDRADA CONSULTING LLC

Firm/Company

1280 NW 95TH ST APT 329

Address

MIAMI FL 33147

City/State and Zip Code

JAMES.PIERRELOUIS083@GMAIL.COM

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

For further information concerning this matter, please call:

JAMES PIERRE LOUIS

754 837-1359
at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
AP	ANDREW L JACKSON	5380 MONTERREY ROAD	<input type="checkbox"/> Add
		CRESTVIEW FL 32539	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JAMES PIERRE LOUIS	1280 NW 95TH ST	<input checked="" type="checkbox"/> Add
		329	<input type="checkbox"/> Remove
		MIAMI FL 33147	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

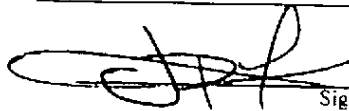
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated MAY 12TH 2021



Signature of a member or authorized representative of a member

JAMES PIERRE LOUIS

Typed or printed name of signer

Filing Fee: \$25.00