1160000 78691

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SEP 2 0 2020 S. YOUNG

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: HD	Sales &	Harketing ited Liability Company	UC
The enclosed Articles of /	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Hector D	SMINGUEZ Name AlPerson	
		Firm/Company	
	17671 35	-th PCN	
			420
	Ny Nector 2	City/State and Zip Code 311 @ Gmail. Code to be used for future annual report notifi	o M
For further information co	ncerning this matter, please ca		
Hector Do	Person J	at (<u>754</u>) <u>981-</u> Area Code Daytime	7896 Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	:	Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HD Sales ! Marke	ting (LC ## = = = = = = = = = = = = = = = = = =
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 160000 7869</u>]	were filed on 09/21/2016 and assumed ()
This amendment is submitted to amend the following:	25
A. If amending name, enter the new name of the limited liab TOFESSIONAL DEFAILING The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)	Services LLC
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
-	. Florida 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

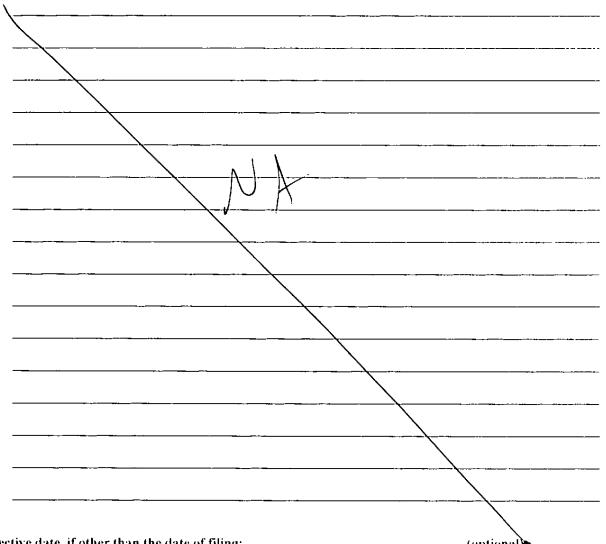
MGR = Manager

AMBR = Authorized Member

Title	<u>Name</u>		Address	Type of Action
				□Remove
				(TChange
				bbAC:
				□Remove
			\ \	Cl Change
		/		□Add
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				[]Remove
				□Change
				□Add
				□Remove
				□Change
				□Remove
				□ Change

. . .

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



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 July 29 2020

Signature of a member or authorized representative of a member least or A. Dominguel

Typed or printed name of signee

Filing Fee: \$25.00