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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : ALVAREZ ARRIETA & DIAZ-SILVEIRA LLP
Account Number : I20130000001
Phone : (305)740-1940
Fax Number : (305)740-1941

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: mcuevas@aadslaw.com

16 SEP 30 AM 9:35

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 SEP 30 AM 10:46

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ADVANCE HDT, LLC**

Certificate of Status	1
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OCT 03 2016

S. YOUNG

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

ADVANCE HDT, 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 7/14/16 and assigned
Florida document number L16000130008.

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 contain 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) _____

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 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, 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>
MGR	CARLOS BETHENCOURT	12485 SW 137th Avenue, Unit 206	<input checked="" type="checkbox"/> Add
		Miami, FL 33186	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

SEP 30 9:39 AM
 SECRETARY OF STATE
 MIAMI, FL 33133

16 SEP 30 AM 9:35

11-EPY STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
16 SEP 30 AM 9:35

(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)

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 September 29, 2016

CBethencourt

Signature of a member or authorized representative of a member

Carlos Bethencourt

Typed or printed name of signee