## 116000207825

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ECRETARY OF STATE
LEHASSEE, FLORIDA

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## **COVER LETTER**

TO: Registration S  Division of Co		*	:
H&D GE SUBJECT:	NERAL CONTRACTOR, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corres	condence concerning this matter	to the following:	
	David O. Diaz		
		Name of Person	
	H&D GENERAL CONTR	ACTOR, LLC	
		Firm/Company	<u>.</u>
	1800 NW 135th Ave., Bay	102	
		Address	·····
	Miami, FL 33182		
		City/State and Zip Code	
	hdgcflorida@gmail.com		
	E-mail address: (	to be used for future annual report notifi	cation)
For further information	concerning this matter, please ca	nil:	
David O. Diaz		786 3063204	
Name	of Person		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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H&D GENERAL CONTRACTORS, LLC		
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability (	Company were filed on November 14, 2016	and assigned
Florida document number L16000207825	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited 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 ADD.	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		r the name of the n
Name of New Registered Agent:	· 	
New Registered Office Address:		
-	Enter Florida street address	
	, Florida	71. 6.3
	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 Agen

Page 1 of 3

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>	Address	Type of Action
AMBR	ULISES HERNANDEZ-DIAZ	27805 SW 165TH AVE., HOMES	■ Add
			Remove
			☐ Change
AMBR	MARIA C BRUERA	27805 SW 165TH AVE., HOMEST	Add
			<b>≅</b> Remove
		Change	
	<del></del>		□ Adđ
			☐ Remove
			□ Change
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etive date, if other than the date Trective date is listed, the date must be spaced. If the date inserted in this block d	pecific and cannot be prior to date o	filing or more than 90 day	ys after filing.) Pursu	ant to 605.0
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November 23	2016		. 23	
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Signa	ature of a member or authorized re	resentative of a member	SE -	1
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Filing Fee: \$25.00