L17000025093

(Re	equestor's Name)	
(Ac	ldress)	
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· (Ci	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bı	ısiness Entity Naı	me)
(Do	ocument Number)	1
Certified Copies	_ Certificate:	s of Status
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SECRETARY OF STATE
SECR

D. SCOTT FEB 2 8 2017

COVER LETTER

	Registration Se Division of Cor			
SUBJECT	HYDE 141	I, LLC		
SOBOLO.		Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please retu	urn all correspo	ondence concerning this matter	to the following:	
		FABRICIO MIRANDA		
			Name of Person	
		ACMM CONSULTING, I	NC.	
			Firm/Company	
		7791 NW 46 STREET SU	ITE 206	
			Address	
		MIAMI, FLORIDA 33166		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notification)	
For further	r information c	oncerning this matter, please ca	all:	三名
ADRIAN	A MARQUEZ		786 253-2965 at ()	FFL FB 2
	Name o	f Person	Area Code Daytime Telephone Number	一倍一一四
Enclosed i	is a check for th	ne following amount:		E 27/2
\$25.00	0 Filing Fee	.□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified C	of Status &

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

HYDE 1411, LLC		
(<u>Name of the Limited Liability</u> (A Florida l	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number L17000025093	ompany were filed on 01/31/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
HRR 1411, LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address.		he name of the nev
Name of New Registered Agent:		
New Registered Office Address:		是 B 丁
	Enter Florida street address, Florida	Time Carde
New Registered Agent's Signature, if changing Registered		Lang Gode
		9m 2
I hereby accept the appointment as registered agent as provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my duties, and I am fa ent as provided for in Chapter 605, F.S. Or, ij	miliar with and f this document is

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			□ Remove
			Change
			Add
			Remove
			□ Change
			Add
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		<u></u>	Change
		***************************************	Remove 27
			Change
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			Add
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According to

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Effective date, if other than the date of filing: In 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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. The 90th day after the record is filed. Signature of a member or authorized representative of a member							_
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Signature of a member or authorized representative of a member (optional) (o						<u> </u>	_
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Filing Fee: \$25.00