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COVER LETTER

TO: Registration Se Division of Cor			
	sulting LLC		
SUBJECT:	Name of Limit	ted Liability Company	
	Amendment and fee(s) are submondence concerning this matter t	_	
	Hobi Michalec		
		Name of Person	
	HDM Consulting LLC		
		Firm/Company	
	3011 SW 21ST TER Apt. 3	18 B-1	
		Address	
	Delray Beach, Fl. 33445		
		City/State and Zip Code	
	hobimichalec@gmail.com	o be used for future annual report notific	cation
For further information of	concerning this matter, please ca		cation,
Hobi Michalec		863 430-3698 at ()	
Name o	of Person	at ()	Telephone Number
Enclosed is a check for t	he 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

(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records,) Company)
The Articles of Organization for this Limited Liability Company were f	iled on and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liability co</u>	ompany here:
he new name must be distinguishable and contain the words "Limited Liability Com	pany," 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)	7 406
B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	ddress on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida Zio 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>	Type of Action
MGR	Hobi Michalec	3011 SW 21ST TER APT. 38 B-1	
		Delray Beach, FL 33445	□ Remove
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fective date, if other than	the date of filing:	(optional)
n effective date is listed, the dat	a must be specific and cannot be prior to date of filing of is block does not meet the applicable statutory if	or more than 90 days after filing.) Pursuant to 605.0
	he Department of State's records.	
record specifies a del	ayed effective date, but not an effectiv	ve time, at 12:01 a.m. on the earlier
The 90th day after the		ve time, at 12.01 a.m. on the earner
halv 25	2017	
ted	. 2017	
	Hobi Michala. Signature of a member or authorized representa	^

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00