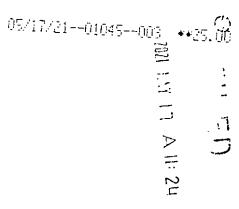
L170000 88453

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only S.C.
06/27/21



300365896763



COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor					
	PERTIES LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	JUAN HERNANDEZ				
		Name of Person			
	HDZ PROPERTIES LLC				
Firm/Company					
	19370 SW 29 CT				
		Address			
MIRAMAR, FL 33029					
		City/State and Zip Code	· · ·		
	juanh81@gmail.com	100000000000000000000000000000000000000			
		to be used for future annual report notifi	cation)		
For further information of	concerning this matter, please c	all:			
JESUS HERNANDEZ		305 345-6888 at ()			
Name of Person		Area Code Daytime	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)	S60.00 Filing Fee: Certificate of Status & Certified Copy (additional copy is enchosed)		
Mailing Addre		Street Address: Registration Sect	tion		
Registration Section Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on our r liability Company)	ecords.)
The Articles of Organization for this Limited Li Florida document number L17000088453	ability Company	were filed on 04/20/2017	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
			<u>(1)</u>
The new name must be distinguishable and contain the w	ords "Limited Liabil		"LLC or the abbreviation "L.L.C.
Enter new principal offices address, if applic	able:	19370 SW 29 CT	<u>-</u> <u>-</u>
Principal office address MUST BE A STREET ADDRESS)		MIRAMAR, FL 33029	
			
Enter new mailing address, if applicable:	19370 SW 29 CT		
(Mailing address MAY BE A POST OFFICE BOX)		MIRAMAR, FL 33029	24
B. If amending the registered agent and/or ragent and/or the new registered office addres		address on our records, <u>e</u>	nter the name of the new regi
Name of New Registered Agent:	Jesu	S R. HERNA	evDEZ_
New Registered Office Address:	19370 SW 29 C	Enter Florida street o	uldasv.
	14ID 434 4 D	ismer r torida sireet c	
	MIRAMAR	City	_, Florida ³³⁰²⁹ Zip Code

New Registered Agent's Signature, if changing Registered Agent:

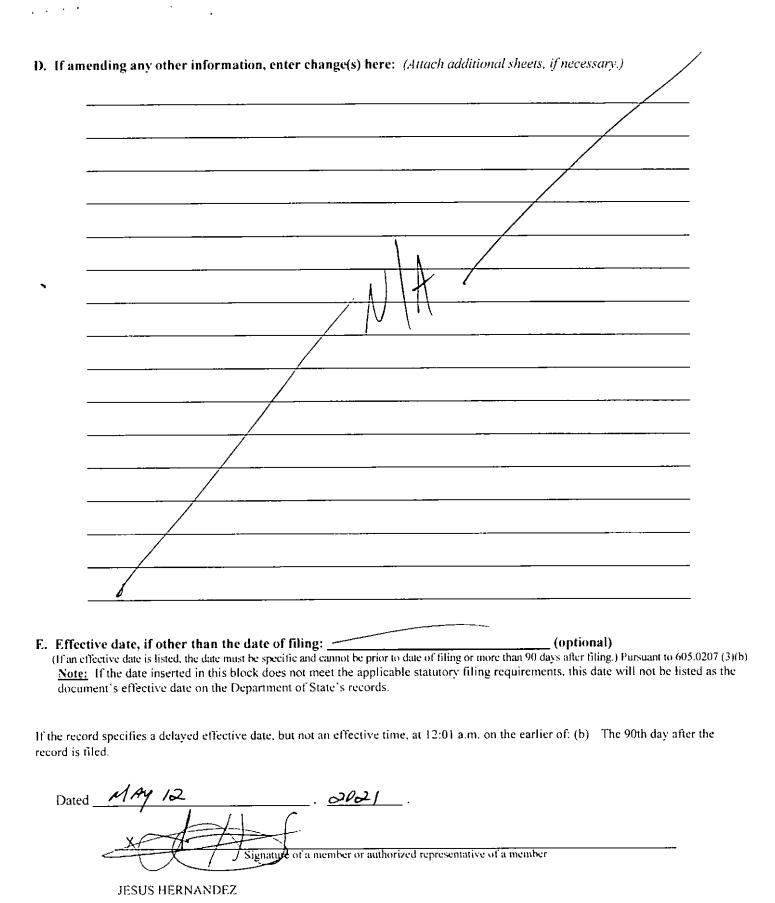
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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>	Type of Action
			_/
			[7/Add
			□Remove
			□ Change
			🗆 Add
			□Remove(*)
			≃: ⊇⊡Change :
			☐ Change
			Add ☐ ≥ ☐
		N 1	 ∵□Remove
			= ∷□Remove
			□Change
	/	/	
			□Remove
			□Change
	 _		□Add
			□Remove
			□Change
			□Remove
			□ Kemove
			□Change



Filing Fee: \$25.00

Typed or printed name of signee