L18000040225

(Req	uestor's Name)	
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Special Instructions to F	iling Officer:	
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COVER LETTER

TO: Registration S Division of Co				
SUTACH	Y LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	HUGO DAVILA			
		Name of Person		
	SUTACHY LLC			2021
		Firm/Company		= 7
	851 NE 1ST AVE UNIT I	1507		· · · · · · · · · · · · · · · · · · ·
		Address	, -1	-r) [1
	MIAMI, FL 33132		1-12년 - 기대	100 pm 124 here
	peter-financial@hotmail.co	City/State and Zip Code	·	O)
	E-mail address: (to be used for future annual report noti	fication)	
For further information of	concerning this matter, please c	all:		
HUGO DAVILA		786 630-8777		
Name o	of Person		e 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 Certificate of Certified Cop (additional copy)	Status & y
Mailing Address Registration 9		Street Address:	ction	
Division of C		Registration Sec Division of Cor		
P.O. Box 632	27	The Centre of T	allahassee	
Tallahassee, 1	FL 32314	2415 N. Monroe	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUTACHY LLC		
(Name of the Limited Liabilit (A Florida	v Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 02/13/2018	and assigned
Florida document number 1.18000040225	 .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	2
HDCO GROUP LLC		. 62
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the ab	reviation "L.L.C."
Enter new principal offices address, if applicable:		·— duran
Principal office address MUST BE A STREET ADDR	(ESS)	511
	, . 	الميا الم
	٠.	高っ
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	doffice address on our records, enter the name	of the new register
gen and with the wifegistered white address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zin Coda

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>	Name	Address	Type of Action
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			CIRemove
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Tective date, if or	ther than the date o	of filing:			_ (optio	nal)	
ote: If the date ins	sted, the date must be spe scried in this block do	es not meet the applic	able statutory filit	nore than 90 c ng requirem	lays atter ents, this	tiling.) P date wi	ursuant to 605,020 Il not be listed a
cument's effective	e date on the Departm	ent of State's records	-				
ecord specifies a d is filed.	lelayed effective date,	but not an effective ti	ime, at 12:01 a.m.	on the earli	er of: (b)	The ?	Oth day after the
MAY 01		2021					
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	//						

Filing Fee: \$25.00

Typed or printed name of signee