## L18 0000 89254

(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



800372473608

08/30/21--01017--020 \*\*30.00

ZOZI AUG 30 AM IZ: 42
SECINE TARY OF STAN-

0/0/2021

## **COVER LETTER**

	Registration Se Division of Cor					
SUBJEC	H D Home	LLC				
SUBJEC	, I :	Name of Lim	ited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		E Richard Johnson				
			Name of Person	<del></del>		
		H D HOME LLC				
		Firm/Company				
		2727 NE 15 Street				
			Address			
		Ft Lauderdale FI 33304				
		Rich@launchms.com	City/State and Zip Code			
		<del>-</del>	to be used for future annual report not	ification)		
For furth	er information c	oncerning this matter, please c	all:			
E Richar	d Johnson		954 830-7773 at ()			
	Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed	is a check for th	ne following amount:				
□ \$25.0	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 Addres		Street Address:	action		
	Registration S		Registration Se			

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 AUG 30 AH 12: 42

HD Home LLC			SECRETARY OF STATE
( <u>Name of the Limited Lia</u> (A Flo	<u>bility Compa</u> rida Limited I	ny as it now appears on Jability Company)	OUR TOCOTOE AHASSEE, FUCA
The Articles of Organization for this Limited Liability Florida document number L18000089254			
This amendment is submitted to amend the following	<del></del>		
A. If amending name, enter the new name of the li	imited liabi	lity company here:	
he new name must be distinguishable and contain the words "I	imited Liabil	ity Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2727 NE 15 Street	
(Principal office address MUST BE A STREET ADDRESS)		Ft Lauderdale Florid	la 33304
Enter new mailing address, if applicable:		2727 NE 15 Street	72204
(Mailing address MAY BE A POST OFFICE BOX)		Ft Lauderdale florida	a 33304
B. If amending the registered agent and/or registe agent and/or the new registered office address here  Name of New Registered Agent:  Joh		oddress on our recor	rds, enter the name of the new regis
New Registered Office Address: 300	7 W Comme	ercial Blvd 204	
New Registered Office Address.	•	Enter Florida s	treet address
Fel	.auderdale		Florida <u>33309</u>
		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 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>	Address	Type of Action
AMBR	Hadad, Elyhau		🗆 Add
		2500 E HALLANDALE BLVD PHIHALLAND	ALE. ≘Remove
			□Change
MGR	Barbara Johnson	2727 NE 15 Street Ft Lauderdale Fl 33304	<b>=</b> Add
			□Remove
			□Change
Mgr	E Richard Johnson	2727 NE 15 Street Ft Landerdale FI 33304	<b>=</b> Add
			🗆 Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			🗀 Remove
			□ Change
			🗆 Add
			□Remove
			□Change

		<del></del>
· <del></del> -		
		<del></del>
÷		
in effective iote: If the	e, if other than the date of filing:  August 14 2021  (optional)  the is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant ate inserted in this block does not meet the applicable statutory filing requirements, this date will not fective date on the Department of State's records.	
record spe I is filed.	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th da	ay after the
ated	3.20 201	
	E Calland huso	
_	Signature of a member or authorized representative of a member	<del></del>

Typed or printed name of signee