# 1190000 26681

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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# **COVER LETTER**

TO:	Registration Se Division of Cor		<i>;</i>	
SUBJE	CT: H	10 Dence		
		Name of I	imited Liability Company	
The end	closed Articles of	Amendment and fee(s) are s	submitted for filing.	
Please i	return all correspo	ondence concerning this matt	ter to the following:	
		Maurice 1	Namo of Person	
		HD Dence	Pirm/Company	
		426 9th a	Address	
		Maurice Y E-mail addres	City/State and Zip Code  You drug a ab l. com  s: (to be used for future annual report no	tification)
For fur	her information c	concerning this matter, please		
<u>(</u> Y	laurice 1.	tending person	at ( <u>772</u> ) <u>559</u> - Area Code Dayti	me Telephone Number
Enclose	ed is a check for the	he following amount:		
<b>rd</b> \$25	5.00 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

# STREET/COURIER ADDRESS: Registration Section

Division of Corporations Clifton Building

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HD DEUCE LLC

LES OF ORGANIZATION
OF

			<u> </u>
Liability Compar Florida Limited L	ny as it now appears on eliability Company)	our records.)	
ility Company	were filed on <u>John</u>	uary 25,2019 ar	nd assigned
ing:			
<u>ie limited liabi</u>	lity company here:		
ls "Limited Liabili	ity Company," the designa	ntion "LLC" or the abbreviati	on "L.L.C."
le:			
<u> 4DDRESS)</u>			
<u>)X)</u>			
_			
		records, enter the n	ame of the ne
	Entar Elovido et	rant addrass	<del></del>
	r,nier r torida su		
	City	Florida Zw	 Code
j . i	ility Company  ing:  ie limited liabilitie:  ADDRESS)  registered of	ility Company were filed on	Liability Company as it now appears on our records.

### 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	Erica Hendley	426 ash avenue	□ Add
		Uero Beach F1, 32962	Remove
			Change
			Remove
			Change
		<del></del>	Remove
		<del></del>	□ Change
			□ Remove
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		<del></del>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□ Remove
			Change

, If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff	we date, if other than the date of filing:  (optional)  ective 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 (3  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	August 26 . 2.014.
	Signature of a member or authorized representative of a member
	Marice Hendly Typed or printed name of signer