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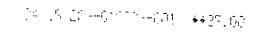
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COVER LETTER

Division of Cor			
HD RPM (Fore Group 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	ndence concerning this matter	to the following:	
	Cynthia Davies		
		Name of Person	
	Cindy's Florida LLC		
	· . 	Firm/Company	
	6601 Tennyson St NE #12	2301	
		Address	
	Albuquerque, NM 87111	Address	
	Amagacique, ron over		
	info@cindystloridallc.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Cynthia Davies		505 819-0019	
•		at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne 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
Phase bull to	prapard account &	- I 2020000021	(additional copy is enclosed)
Mailing Addres	s:	Street Address:	
Registration S		Registration Se	ection
Division of C		Division of Co	•
P.O. Box 632		The Centre of	
Tallahassee, l	FL 32314	2415 N. Monre	be Street, Suite 810

RECEIVED FEB 2.8 2020

Tallahassee, FL 32303



March 20, 2020

CYNTHIA DAVIES 6601 TENNYSON STREET NE #12301 ALBUQUERQUE, NM 87111

SUBJECT: HD RPM CORE GROUP LLC

Ref. Number: L20000052091

We have received your document for HD RPM CORE GROUP LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 020A00006169

Claretha Golden Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HD RPM Core Group LLC			2 2	15 Pit 1:35
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny <u>as it now appears on ou</u> Lability Company)		
The Articles of Organization for this Limited L. 1.20000052091	iability Company	were filed on	14, 2020	_ and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	f the limited liabi	lity company here:		
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the designati	on "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		8051 North Tamiami 'i	Frail, Suite E6	
		Sarasota, FL 34243		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		8051 North Tamiami T Sarasota, FL 34243	Frail, Suite E6	ţ
B. If amending the registered agent and/or r agent and/or the new registered office addre		address on our records	, enter the name	of the new registe
Name of New Registered Agent:	Cindy's Florida	i LLC		
New Registered Office Address:	8051 North Tai	miami Trail, Suite E6		
		Enter Florida stre	et address	
	Sarasota		, Florida	
		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>	<u>Address</u>	Type of Action
AMBR	Robinson Puche Maestre	8051 North Tamiami Trail, Sarasota, FL 34243	□Add
			□ Remove
			= Change
AMBR	Ruben Puche Maestre	8051 North Tamiami Trail, Sarasota, FL 34243	□Add
			□Remove
AMBR	Robinson Puche Martinez	8051 North Tamiami Trail, Sarasota, F1. 34243	■Change
	KODIINOI I Gene Wartinez	00,01 (0)(1) Talliani Tran, 38(430)(4, 17, 7-4.)	🗆 Add
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Note: If the	te, if other than the date of filing: late is listed, the date must be specific and cannot date inserted in this block does not meet the ffective date on the Department of State's	ie applicable statutory filing	(optional) e than 90 days after filing.) Pursua requirements, this date will no	unt to 605,0207 of be listed as
ecord is filed.	ifies a delayed effective date, but not an ef			day after the
Dated	mary 24. 2 Lynhia Danes Signature of a member			
_	Wignature of a member	Authorized le or dr authorized representative o	O La member	
	A			