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COVER LETTER

TO:

		istration Sec sion of Corp		
cubire		HDM PART	TNERS, LLC	•
SUBJEC	-1i,		Name of Lim	ited Liability Company
The enck	osed	Articles of A	Amendment and fee(s) are sub	mitted for filing.
Please re	turn	all correspor	ndence concerning this matter	to the following:
			SAMUEL B. REINER, II.	ESQ.
				Name of Person
			REINER & REINER, P.A.	
				Firm/Company
			9100 SOUTH DADELAN	D BLVD., SUITE 901
				Address
			MIAMI, FLORIDA 33156	
				City/State and Zip Code
			sbr@reinerslaw.com	to be used for future annual report notification)
Car Carl		6		·
ror turth	ier in	ютнанов сс	oncerning this matter, please ca	aii:
DIANA	ESC	OBAR		305 670-8282 at ()
		Name of	Person	Area Code Daytime Telephone Number
Enclosed	is a	check for th	e following amount:	
■ \$2 5.	.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ling Address		Street Address: Registration Section
	Div	ision of Co	orporations	Division of Corporations
		. Box 632 lahassee, F		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HDM PARTNERS, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Comparation document number <u>L20000102305</u> .	ny were filed on APRIL 13, 2020	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
he new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		23
		20 00
		——————————————————————————————————————
Enter new mailing address, if applicable:		19
Muiling address MAY BE A POST OFFICE BOX)		***
William Guilless MAT BE A FOST OFFICE BOX)		
	-	<u> </u>
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	ee address on our records, <u>enter the</u>	name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	da
	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	DAVID RODRIGUEZ	17475 COLLINS AVENUE	∃ Add
		#1402	□Remove
		SUNNY ISLES BEACH, FL 33160	☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
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Effective	e date, if other tive date is listed, t	than the date	of filing:				(option:	al)	
Note: If	tive date is listed, if the date inserted it's effective date	l in this block d	oes not med	et the applic	able statutory	or more than 9 filing require	0 days after fil ments, this d	ing.) Pursuant to t ate will not be l	605,0207 isted as
e record s rd is filed	specifies a delayo l.	ed effective date	, but not ar	i effective ti	me, at 12:01	a.m. on the ea	alier of: (b)	The 90th day a	fter the
Oated	CTOBER 2	····	·	2020	· ·				
		Man	á C.	Mu	146/4				
		Signa	ture of a me	mber or author	orized represen	tative of a men	iber		

Filing Fee: \$25.00

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is filed.	ng.) Pursuant to 605.0207
OFFICE TRACE	The 90th day after the
ed OCTOBER 2 2020	
Signature of a member or authorized representative of a member	
MARIA C. MONCADA	

Filing Fee: \$25.00