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COVER LETTER

	gistration Sec ision of Corp		,	
SUBJECT:	HDL DESIG	INS ENTERPRISES LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please returr	all correspon	ndence concerning this matter	to the following:	
		DEMETRIUS LEE		
			Name of Person	
			Firm/Company	
		540 E CAMPUS CIR		
			Address	
		FORT LAUDERDALE, FI	L 33312	
		HATMANDLEE@GMAIL	City/State and Zip Code .COM	
			to be used for future annual report noti	fication)
For further in	nformation co	ncerning this matter, please ca	all:	
DEMETRIL	JS LEE		954 839-0187 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a	a check for the	e following amount:		
≅ \$25.00 I	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)
	iling Address		Street Address:	
	gistration 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

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HDL DESIGNS ENTERPRISES, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{07/29/2020}{1}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: HDL DESIGNS ENTERPRISE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 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	DEMETRIUS D LEE	540 E. Campus Cir Fort Lauderdale, FL 33312	🛱 Add
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record d is file	d specifies a de led.	layed effective da	te, but not a	n effective ti	me, at 12:01	a.m. on the c	arlier of: (b)	The 90th day	after the
Dated _	AUGUST 24			2020					
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