8/8/22, 7:40 AM

Division of Corporations

# Florida Department of State Division of Corporations

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# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

#### HDAM ADVISORY LLC

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Registration Section

TO:

### **COVER LETTER**

	Name of Limited Liability Company		
l Articles of a	Amendment and fee(s) are subm	itted for filing.	
	Cheyenne Moseley		
		Name of Person	
	Legalzoom.com, Inc.		
	<u> </u>	Firm/Company	· <del></del>
	101 N Brand Blvd 11th Fl		
		Address	
	Glendale, CA 91203		
	halukdurudagan@msn.com	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
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iting 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)
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MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301 To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HDAM ADVISORY LLC			
(Name of the Limited Liable (A Florid	lity Company as it now appears of In Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability (Florida document number 1.22000039298	Company were filed on 01/20	0/2022	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here	•	
HD Advisory LLC			
The new name must be distinguishable and contain the words "Li-	nited Liability Company," the desi	gnation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:	<u>.</u>		
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		our records, enter	the name of the s
Name of New Registered Agent:			
New Registered Office Address:	Ener Florid	i street address	
	Cuv	Florida	Zıp Code
New Registered Agent's Signature, if changing Register	ed Agent:	0/3=	ra
I hereby accept the appointment as registered agen- provisions of all statutes relative to the proper and accept the obligations of my position as registered of being filed to merely reflect a change in the register company has been notified in writing of this change	t and agree to act in this ca complete performance of m agent as provided for in Ch red office address, I hereby	y duties, and Lamfo apter 605, F.S. Or, a	umilians with and if this Tocument is
	If Changing Registered Agen	it. Signature of New Res	

Page: 5 of 6

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
<del></del>		<del></del>	
			☐ Remove
			☐ Remove
			☐ Change
			Remove
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, ir ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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T. 65. 43	(Optional)
Note:	ve date, if other than the date of filing:  (optional)  ctive date is listed, the date must be specific and cunnot 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 mi's effective date on the Department of State's records.
the rec ) The	ord 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_	5 AUGUST 2022
	Signature of a member or a per bified representative of a member
	Haluk Durudogan Typed or printed name of signee

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