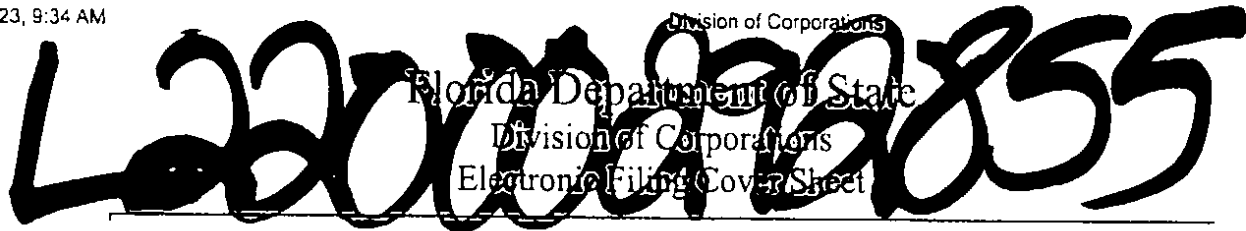


7/31/23, 9:34 AM



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000265133 3)))



H230002651333ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CUEVAS, GARCIA & TORRES, P.A.
Account Number : I20030000123
Phone : (305)461-9500
Fax Number : (786)362-7127

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: info@cuevaslaw.com

RECEIVED

2023 JUL 31 PM 3:22

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HD DEVELOPMENT & CONSTRUCTION LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2023 JUL 31 AM 9:55

T. LEMIEUX

AUG - 1 2023

H23000265133 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HD DEVELOPMENT & CONSTRUCTION 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 06/29/2022 and assigned
Florida document number L22000292855.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2915 Biscayne Blvd. Suite 243

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL, 33137

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2915 Biscayne Blvd. Suite 243

Miami, FL, 33137

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:

CUEVAS, GARCIA & TORRES, P.A.

New Registered Office Address:

4000 Ponce de Leon Blvd., Suite 610

Enter Florida street address

Coral Gables

Florida 33146

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

H23000265133 3

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>	<u>Type of Action</u>
MGR	ARCE, PABLO	900 BAY DR., APT 122	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33141	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MOCALE DEVELOPMENTS, LLC	90 EDGEWATER DRIVE, APT 1120	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL 33133	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H230002651333

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)


E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated July 19, 2023



Signature of a member or authorized representative of a member

Miguel Cobo

Typed or printed name of signer

Filing Fee: \$25.00