

L23000 138980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

(Business Entity Name)

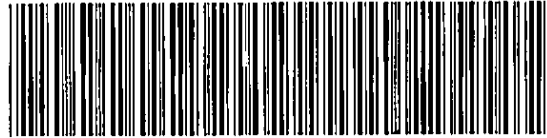
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

MAIL-out

Office Use Only



500401828885

04/10/23--01007--013 \*\*25.00

ALL AMASSEE

2023 APR 10 PM 2:31

RECEIVED

2023 APR 10 AM 10:00

RECEIVED

2023

## COVER LETTER

Registration Section  
Division of Corporations

SUBJECT: HDS Products & Supplies LLC  
Name of Limited Liability Company

enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Napoleon F. Hinson  
Name of Person

HDS Products & Supplies LLC  
Firm/Company

4521 MOORE Circle # E  
Address

Tallahassee FL 32304  
City/State and Zip Code

Napoleon - Hinson @ yahoo.com  
E-mail address: (to be used for future annual report notification)

If further information concerning this matter, please call:

Napoleon Hinson at ( 850 ) 251-5315  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$15.00 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 (additional copy is enclosed)

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

2023 APR 10 AM 10:05

HDS Products & Supplies LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 4-10-2023 and assigned  
document number \_\_\_\_\_.

Amendment is submitted to amend the following:

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

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)

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*

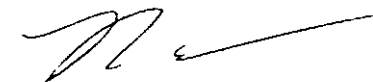
*City*

*Florida*

*Zip Code*

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


BR = Authorized Member

[illegible]

**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.

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 4-10-2023

 \_\_\_\_\_

Signature of a member or authorized representative of a member

Napoleon House

Typed or printed name of signee

Filing Fee: \$25.00