

L23000425793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

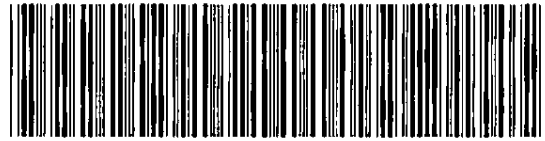
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700416766627

10/18/23--01010--002 **25.00

2023 OCT 18 PM 12:40
DIVISION OF CORPORATIONS
OFFICE OF THE CLERK

~~STAMP~~

R. HUNT

10/18/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HDG TRUSTA ONE LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing

Please return all correspondence concerning this matter to the following.

Myles Gelbard
Name of Person

Firm/Company

5426 Winhawk Way
Address

Lutz, FL 33558
City/State and Zip Code

migelbard74@gmail.com
E-mail address (to be used for future annual report notification)

SECRETARY OF STATE
DIVISION OF CORPORATIONS
2023 OCT 18 PM 12:40

For further information concerning this matter, please call:

Myles Gelbard at (813) 748-3057
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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

HDG TRUST ONE 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 9/12/2003 and assigned Florida document number L23000425793

This amendment is submitted to amend the following:

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

HDG TRUST ONE LLC
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: 5426 Winhawk way
Lutz, FL 33558
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: Same as above
(Mailing address MAY BE A POST OFFICE BOX)

2003 OCT 18 PM 12:40
DIVISION OF CORPORATE
STATE

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 Myles Gelbard
New Registered Office Address: 5426 Winhawk way
Lutz Florida 33558
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.

Myles Gelbard
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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Myles Gelbard	5426 Winhawk Way Lutz, FL 33558	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2023 OCT 18 PM 12:50
 DIVISION OF CORPORATIONS
 STATE OF FLORIDA

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

Multiple horizontal lines for amending information.

2023 OCT 18 PM 12:40
DIVISION OF CORPORATIONS
DEPARTMENT OF STATE

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 (3Kb)

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 9/25/2023

Myles Gelbard

Signature of a member or authorized representative of a member

Myles Gelbard

Typed or printed name of signee