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COVER LETTER

TO: Registration 5 Division of Co			
	IPPING GROUP LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	MAURICIO DAGER		
		Name of Person	
		Firm/Company	
	12040 NE 16TH AVE #21	2	
	MIAMI FL 33161	Address	
For further information	hmdflippinggroup@gmail.c E-mail address: (concerning this matter, please c	to be used for future annual report noti-	fication)
Mauricio Dager		754 2446655	
Name	of Person		e Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fec. Certificate of Status & Certified Copy: (additional copylis enclosed):2
Mailing Addr Registration Division of P.O. Box 62 Tallahassee	n Section Corporations 327	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	ection porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HMD FLIPPING GROUP 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 $\frac{08/29/2024}{1}$ _____ and assigned Florida document number ______L24000379880 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: (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 City 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
MGR	HECTOR CASTRO	1060 NE 104TH ST MIAMI SHORES FL 33138	■Add
			□Remove
			□Change
MGR	DEYSY MATHEUS ESPINOZA	3555 NW 83RD AVE APT 316 DORAL FL 33122	= Add
			□Remove
			□Change
MGR	MAURICIO E.DAGER	12040 NE 16TH AVE #212 MIAMI FL 33161	\exists Add
			□Remove
		 -	□Change
MGR	SECOND HOME INVESTMENT:	12040 NE 16TH AVE #212 MIAMI FL 33161	□Add
			= Remove
			
MGR	D. MATHEUS REAL REALTY LI	3555 NW 83RD AVE #316 DORAL FL 33122	□Add
			=Remove
			□Change
MGR	MGM CONSULTING GROUP IN	1060 NE 104TH ST MIAMI SHORES FL 33138- :	_ □Add
		: : :	≣Remove
			□Change

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Note:	re date, if other than the date of filing: SEPTEMBER 13TH, 2024 (optional) etive 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records.	.0207 (ed as t
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 d.	the
	$\frac{1}{2}$	
Dated _	The state of the s	
Pated _	Signature of a member of authorized representative of a member	
Dated _	Signature of a member of authorized representative of a member	•

Filing Fee: \$25.00